

Case Number:	CM15-0123814		
Date Assigned:	07/08/2015	Date of Injury:	07/09/2014
Decision Date:	08/04/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/26/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 51 year old male who sustained an industrial injury on 7/9/14. The mechanism of injury is electrocution and as a result, was thrown back and briefly lost consciousness. He had 14 exit wounds and both hands were burned. He had multiple skin grafts on his hands, arms and buttocks. Diagnoses are electrocution, cervical spine sprain strain and myofascial pain, left cervical brachial myofascial pain syndrome/brachial neuritis, left shoulder strain/myofascial pain and adhesive capsulitis, left upper extremity neuropathic/early complex regional pain syndrome, right upper extremity neuropathic pain, myofascial pain, lumbar spine strain sprain/myofascial pain, left leg neuropathic pain/early complex regional pain syndrome, chronic pain syndrome, right hand burn-status post graft, buttocks burn- status post graft. In a progress report dated 6/3/15, the physician notes the injured worker reports bilateral hand pain described as achy, burning, throbbing, shooting, tingling pressure, cramping and seep. Severity is 8-9/10 and constant. It is better with heat and worse with activity. He also has episodes of sharp shooting pain in the left leg which causes increased pain for up to 5 days. Current pain is 9/10. The least reported pain since the last assessment is 8/10. Average pain is 7/10 and is 7/10 after taking opioids and relief lasts about 2 hours. Review of systems notes numbness, headaches, joint pain and stiffness, depression, anxiety, insomnia, and diarrhea. Current medications are Lidoderm patch 5%, Motrin, Lyrica, and Trazadone. Work status is totally temporarily disabled, remain off work until 7/3/15. Previous treatment includes 7 physical therapy visits, 6 occupational therapy visits, cognitive behavioral therapy, skin grafts, and urine drug screens done 10/2014,11/2014,12/2014. The requested treatment is re-evaluation with internist.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Re-evaluation with internist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) follow up evaluation.

Decision rationale: The California MTUS and ACOEM do not specifically address the requested service. The ODG states follow up visits are based on medical need based on ongoing complaints and failure to respond to treatment. The patient has ongoing general medicine complaints such as anxiety and diarrhea. Therefore, the need for follow up visit with internal medicine has been established and the request is medically necessary.