

Case Number:	CM15-0125857		
Date Assigned:	07/10/2015	Date of Injury:	04/21/2015
Decision Date:	08/18/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/29/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

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

This 23 year old woman sustained an industrial injury on 4/21/2015. The mechanism of injury is development of pain after lifting. Diagnoses include left shoulder sprain/strain, left forearm strain, left wrist sprain/strain, rule out left wrist internal derangement, and a psychiatric component. Treatment has included oral medications. Physician notes on a PR-2 dated 5/76/2015 show complaints of left wrist, forearm, and shoulder pain. Recommendations include chiropractic care, functional capacity evaluation, and follow up in four to six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 138.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for duty/functional capacity evaluations and Other Medical Treatment Guidelines ACOEM 2nd ed. Chapter 7, Independent Medical Evaluations pages(s) 137, 138.

Decision rationale: MTUS Guidelines do not specifically address the medical necessity of Functional Capacity Evaluations (FCEs). Other Guidelines do address this issue and are consistent with their recommendations. FCEs are only recommended if communications are established with an employer and there is a specific job task(s) offered and available. Under these circumstances, the purpose of the FCE is to evaluate the safety and suitability of predetermined job task(s). In this instance, there is no evidence of any employer communications and there is no evidence of predetermined job tasks that have been made available. There are no unusual circumstances that justify an exception to Guideline recommendations. The requested FCE is not medically necessary.

Pain management consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, chapter 6 page 115.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: MTUS Guidelines support the referral to appropriate specialists if the diagnosis and treatment are beyond the scope of the treating physician. There is a concurrent request for a hand specialist and this should be completed prior to pain specialist consult. The diagnosis and recommended treatment is not established and it not clear what role a pain specialist would fulfill at this point in time. The diagnosis and treatment plan would be dependent upon the hand specialist recommendations. Under these circumstances, the pain management consultation is not supported by Guidelines and is not medically necessary.

Hand consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines, 2nd Edition, 2004 page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: MTUS Guidelines support referrals when the diagnosis and treatment is beyond the expertise of the treating physician. This appears to apply to this individual and this point in time as a clear diagnosis and treatment plan has not been established. Under these circumstances, the hand specialist consultation is supported by Guidelines and is medically necessary.

Chiropractic 2-3 times per week for 6 weeks to wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 58,59,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

Decision rationale: MTUS Guidelines are very specific regarding this request. The Guidelines state that manipulation/chiropractic is not recommended for the forearm and wrist. There are no unusual circumstances to justify an exception to the Guidelines. The request for Chiropractic 2-3 times per week for 6 weeks to wrist is not supported by Guidelines and is not medically necessary.