

Case Number:	CM15-0173829		
Date Assigned:	09/15/2015	Date of Injury:	10/03/2014
Decision Date:	10/22/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/03/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43 year old male, who sustained an industrial injury on October 3, 2014, incurring right wrist injuries. He was diagnosed with a right wrist sprain and right carpal tunnel syndrome. Treatment included physical therapy, acupuncture with no relief, transcutaneous electrical stimulation unit, pain medications, anti-inflammatory drugs, topical analgesic gel and activity restrictions. Electromyography studies revealed moderate right carpal tunnel syndrome. On April 20, 2015, he had an Arthrogram performed which was unremarkable. Currently, the injured worker complained of increased right wrist pain radiculopathy up into his forearm. He had less pain at rest and increased discomfort gripping, grasping, bending or twisting the wrist. He noted tingling and burning in his right forearm. He noted increased swelling of the right wrist with limited range of motion interfering with his activities of daily living. The injured worker developed anxiety and depression secondary to his chronic pain and restrictions. The treatment plan that was requested for authorization on September 3, 2015, included a multidisciplinary evaluation. On August 28, 2015, utilization review denied the request for a multidisciplinary evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127.

Decision rationale: The patient has complaints of right wrist pain which travels to the radial side of the forearm. His pain is low at rest but increases with torquing of the wrist and forceful gripping. The current request for consideration is a multidisciplinary evaluation. The attending physician recommends an attempt at a functional restoration program with a combination of pain psychology and a chronic pain physical therapist to help the patient overcome his fear of injury and regain the use of right wrist and hand. The ACOEM guidelines on page 127 state that specialty referral is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness return to work. In this case, the MTUS guidelines recommend functional restoration programs. Furthermore the ACOEM guidelines support referral to a specialist to aid in complex issues. The attending physician recommends an attempt at a functional restoration program with a combination of pain psychology and a chronic pain physical therapist to help the patient overcome his fear of injury and regain the use of his right wrist and hand. As such, the available medical records establish medical necessity for the request of a multidisciplinary evaluation.