

Case Number:	CM15-0176880		
Date Assigned:	09/17/2015	Date of Injury:	05/08/2014
Decision Date:	10/28/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/08/2015

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: 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 39 year old female, who sustained an industrial injury on 5-8-2014. Medical records indicate the worker is undergoing treatment for an injury to her left hand, left carpal tunnel syndrome and left upper extremity overuse syndrome. A recent progress report dated 7-30-2015, reported the injured worker complained of hand pain. Physical examination revealed left wrist positive Phalen's test, positive Tinel's sign, positive compression test over the median nerve, positive Durkan's test, positive Prayer sign and negative Finkelstein's test. Treatment to date has included physical therapy and medication management. The physician is requesting a return to clinic visit in 4-6 weeks. On 8-17-2015, the Utilization Review noncertified a request for a return to clinic visit in 4-6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Return to clinic in 4-6 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (20th annual edition).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Office visits and Other Medical Treatment Guidelines ACOEM, Independent Medical Examinations and Consultations, Chapter 7, page 127.

Decision rationale: The patient presents with pain in the left shoulder and cervical and lumbar spines. The request is for RETURN TO CLINIC IN 4-6 WEEKS. Physical examination to the cervical spine on 03/10/15 revealed tenderness to palpation to the paraspinal muscles with spasm. Range of motion was restricted in all planes with pain. Examination to the lumbar spine revealed tenderness to palpation with spasm. Range of motion was noted to be limited with pain. Per 04/15/15 progress report, patient's diagnosis include cervical disc syndrome, cervical radiculopathy, lumbar disc protrusion, lumbar radiculopathy, left shoulder impingement syndrome, rule out left shoulder internal derangement. Patient is temporarily totally disabled. MTUS Chronic Pain Guidelines 2009, page 8, Introduction Section, Pain Outcomes and Endpoints, regarding follow-up visits states that the treater "must monitor the patient and provide appropriate treatment recommendations." ACOEM, Independent Medical Examinations and Consultations, Chapter 7, page 127 states that the "occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." ODG-TWC Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Office visits Section states, "Recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." The treater has not specifically discussed this request; no RFA was provided either. The patient continues with pain in the low back, neck and the left shoulder. Given the patient's condition and support for follow-up visits by MTUS and ACOEM Guidelines, the request is reasonable and IS medically necessary.