

Case Number:	CM15-0177056		
Date Assigned:	09/17/2015	Date of Injury:	10/30/2014
Decision Date:	10/23/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/09/2015

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 64-year-old male, with a reported date of injury of 10-30-2014. The diagnoses include left wrist pain, left carpal tunnel syndrome, left wrist injury and tendinitis, and rule out left wrist compressive neuropathy versus triangular fibrocartilage injury. Treatments and evaluation to date have included physical therapy, Hydrocodone, and Norco. The diagnostic studies to date have included electrodiagnostic studies of the left upper extremity on 04-02-2015 which showed an impression of mild carpal tunnel syndrome and mild involvement of left ulnar dorsal cutaneous sensory branch. The initial report dated 07-09-2015 indicates that the injured worker continued to have numbness, tingling, and pain in the left hand. The pain radiated into the forearm. The symptoms were constant and aggravated by pushing, repetitive use, reaching overhead, and pulling. The physical examination of the left wrist showed flexion at 60 degrees; extension at 60 degrees; 40 degree of ulnar and radial deviation; negative Phalen's; negative Tinel's; a healed scar over the triangular fibrocartilage area; and good capillary refill. It was noted that the injured worker had an x-ray of the left wrist on 07-09-2015 which showed calcification of the triangular fibrocartilage area. The injured worker temporarily totally disabled from 07-09-2015 through 08-31-2015. The request for authorization was dated 07-31-2015. The treating physician requested a pain management consultation. On 08-05-2015, Utilization Review (UR) non-certified the request for a pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The current request is for a Pain management consultation. The RFA is from 07/09/15. Treatments and evaluation to date have included wrist brace, physical therapy, Hydrocodone, and Norco. The patient is worker temporarily totally disabled. ACOEM Guidelines, 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. Per report 07/09/15, the patient presents with pain in the left hand with numbness and tingling. The pain radiates into the forearm. The physical examination of the left wrist showed decreased range of motion, strength and function. There is a healed scar over the triangular fibrocartilage area, and good capillary refill. The patient had an x-ray of the left wrist on 07-09-2015 which showed calcification of the triangular fibrocartilage area. The patient is using Norco for pain. The treater has recommended the patient for a pain management consultation. This patient presents with continuing disability and pain and ACOEM guidelines indicate that such consultations are supported by guidelines at the care provider's discretion. Therefore, the request is medically necessary.