MAXIMUS Federal Services

Case Number:	CM15-0069519		
Date Assigned:	04/17/2015	Date of Injury:	10/04/2012
Decision Date:	06/01/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/13/2015

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 37 year old male, who sustained an industrial injury on 10/4/2012. He reported pain in the right wrist and hand due to the repetitive nature of his work. Diagnoses have included bilateral wrist pain, right DeQuervain's Tenosynovitis and right carpal tunnel syndrome. Treatment to date has included carpal tunnel surgery and medication. According to the progress report dated 2/27/2015, the injured worker complained of pain in the bilateral wrists and hands. He described pain, weakness and spasms in the right wrist/hand. He reported that the pain radiated up the arm to the elbow. He rated the pain as 8/10. He also reported intermittent pain and swelling to the left wrist. He reported applying topical creams which helped to decrease pain and inflammation. Exam of the right wrist and hand revealed tenderness over the radial styloid and palm. Finkelstein test was positive. Exam of the left hand and wrist revealed generalized tenderness. Authorization was requested for a pain management consultation to evaluate and treat bilateral wrists/hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation to Evaluate and Treat Bilateral Wrist/Hands: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8-9. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: The patient was injured on 10/04/12 and presents with right wrist and left wrist pain. The request is for PAIN MANAGEMENT CONSULTATION TO EVALUATE AND TREAT BILATERAL WRISTS/HANDS. The utilization review determination rationale is that "in light of the persistent pain in the bilateral wrists and hands and the AME recommendation, the medical necessity for a pain management consultation for evaluation of the bilateral wrists/hands is supported. However, a determination on treatment cannot be made until this consultation is completed." The RFA is dated 01/02/15 and the patient is permanent and stationary. ACOEM Practice Guidelines Second Edition (2004) chapter 7 independent medical examination and consultations page 127 states, "The occupational health practitioner may refer to other specialists if the diagnosis is not certain or extremely complex, when psychosocial factors are present, and the plan or course of care may benefit from additional expertise." MTUS page 8 also requires that the treater provides monitoring of the patient's progress and makes appropriate recommendations. The patient has swelling of the left wrist as well as pain, weakness, and spasms of the right wrist/hand. There is tenderness over the radial styloid and palm, pain with range of motion, a positive Finkelstein, and decreased sensation through the right upper extremity. The patient is diagnosed with bilateral wrist pain, right DeQuervain's Tenosynovitis, and right carpal tunnel syndrome. The patient is currently taking Naproxen and Prilosec. Given that the patient continues to have chronic bilateral wrist/hand pain, a pain management consultation appears reasonable. However, the possible treatment can only be determined after the consultation takes place. While the consult and referral is necessary, the request is also to "treat," which is not defined. Therefore, the request IS NOT medically necessary.