

Case Number:	CM15-0074633		
Date Assigned:	04/24/2015	Date of Injury:	05/23/2014
Decision Date:	06/09/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/20/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 53 year old male, who sustained an industrial injury on 5/23/2014, while employed as a loader/unloader. He reported injury when a forklift clamped his left upper extremity against pallets. The injured worker was diagnosed as having severe soft tissue contusion left hand and left wrist triangular fibrocartilage tear with soft tissue contusion. Treatment to date has included diagnostics, physical therapy, chiropractic, and medications. Currently (Initial Orthopedic Evaluation), the injured worker complained of severe pain, affecting his neck, left shoulder, and left arm. Inspection of the left hand/wrist revealed no deformity. There was pain with motion but no instability. Neurologic exam of the upper limbs revealed normal sensory and 5/5 motor. Deep tendon reflexes were 2+. Magnetic resonance imaging of the left hand was unremarkable and magnetic resonance imaging of the left wrist showed a full thickness triangular fibrocartilage tear. Current medication regime was not described. The treatment plan included a prescription for MSIR for pain. The PR2 report noted work status as total temporary disability and did not document the use of MSIR previously. Urine toxicology was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MSIR 30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93, 76-77. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-going Management Page(s): 78 - 79.

Decision rationale: The patient is a 53 year old male with a left upper extremity crush injury on 05/23/2014. The left upper extremity neurologic exam has normal motor and sensory findings. MRI of the left hand was normal. He had a full thickness triangular fibrocartilage tear on left wrist MRI. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria. Therefore, the requested treatment is not medically necessary.