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| <b>Case Number:</b>   | CM15-0077890 |                              |            |
| <b>Date Assigned:</b> | 04/29/2015   | <b>Date of Injury:</b>       | 04/03/2013 |
| <b>Decision Date:</b> | 05/29/2015   | <b>UR Denial Date:</b>       | 03/26/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/23/2015 |

### 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: Family Practice

### 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 29 year old male, who sustained an industrial injury on 4/3/2013. Diagnoses have included right wrist laceration, status post right wrist tendon surgery (4/3/2013), bilateral shoulder musculoligamentous sprain/strain and left wrist musculoligamentous sprain/strain. Treatment to date has included surgery and medication. According to the progress report dated 3/2/2015, the injured worker complained of right wrist pain. Physical exam revealed that the injured worker was unable to make a fist. He could not do wrist extension, flexion, or digits extension/flexion due to severe pain. He reported that he had medication for four weeks and then he ran out for the last month. Authorization was requested for continued care with a pain management specialist for the right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued care with pain management specialist for the right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**Decision rationale:** According to ODG, office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. 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. In this case, the medical records note that Utilization Review has modified to allow for one evaluation. Additional care would be dependent on the outcome of the authorized evaluation. The request for continued care with pain management specialist for the right wrist is not medically necessary and appropriate.