

Case Number:	CM15-0078748		
Date Assigned:	04/29/2015	Date of Injury:	11/13/2014
Decision Date:	06/02/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/24/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 was a 47 year old female, who sustained an industrial injury, from November 13, 2013 through November 13, 2014. The injured worker previously received the following treatments psychiatric services, Buspar and cognitive behavioral therapy. The injured worker was diagnosed with bilateral carpal tunnel syndrome and major depressive disorder. According to progress note of December 9, 2014 the injured workers chief complaint was worsened headache, neck, shoulder, low back muscle tension pain. Due to depressive disorder the injure worker had decreased interest in activities of daily living. The injured worker was having increased pain due to carpal tunnel and was placed on modified work duties. The treatment plan included orthopedic consultation, evaluation and treatment for wrist pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for consultation, evaluation, testing and treatment as necessary to [REDACTED]

[REDACTED] /Ortho for symptoms of wrist pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational medicine practice guidelines, 2nd edition, 2004 Page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 33, Chronic Pain Treatment Guidelines Pain, Office visits.

Decision rationale: MTUS is silent specifically regarding ENT consultation. ODG states concerning office visits "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. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible". ACOEM states regarding assessments, "The content of focused examinations is determined by the presenting complaint and the area(s) and organ system(s) affected". And further writes that covered areas should include "Focused regional examination" and "Neurologic, ophthalmologic, or other specific screening". The treating physician, who is a psychologist, does not document fully an abnormal exam or indication for referral to orthopedic surgeon for evaluation of the patient's wrist pain. As such, the request for Referral for consultation, evaluation, testing and treatment as necessary to [REDACTED] is not medically necessary.