MAXIMUS Federal Services

Case Number:	CM15-0096236		
Date Assigned:	05/26/2015	Date of Injury:	03/14/2014
Decision Date:	07/01/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/19/2015

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, Massachusetts
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 39 year old male, who sustained an industrial injury on 3/14/14. He sustained a distal radial fracture intraocular malunion following a fall. The injured worker was diagnosed as having left C6-7 radiculitis and status post left distal radius and ulnar internal fixation with residual stiffness. Treatment to date has included oral medications including Norco, transforaminal steroid injections of C5-6 and C6-7, physical therapy and home exercise program. Currently, the injured worker complains of neck and upper extremity pain. Physical exam noted significant stiffness through the left wrist with well healed surgical incisions and some mild tenderness overlying the plate with good range of motion of the elbow. The treatment plan included 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 for the Cervical Spine, Back, and Hands: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation ACOEM Practice Guidelines Chapter 6, pages 112-114.

Decision rationale: The IW is now less than 3 months following a release of his carpal tunnel and continues to report left wrist pain with some mild tenderness. This is to be expected following carpal tunnel release. The ACOEM guidelines state that, "Physicians should consider referral for further evaluation and perhaps cooperative treatment if: 1) Specific clinical finding suggests undetected clinical pathology. 2) Appropriate active physical therapy does not appear to be improving function as expected. 3) The patient experiences increased pain, or at the very least, pain does not decrease over time." Considering the provided records and cited guidelines, I agree with the peer reviewer's assertion that referral for pain medicine is premature as the patient's condition is improving and is still within the classification of post-surgical pain. If pain is not significantly improved over the next 2 months than a referral for pain management should be considered. Therefore the request is not medically necessary.