

Case Number:	CM14-0142828		
Date Assigned:	09/10/2014	Date of Injury:	05/05/2009
Decision Date:	10/22/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Medical records reflect the claimant is a 49 year old female who sustained a work injury on 5-5-09. On exam dated 7-31-14 it is noted the claimant has been treated with medications, physical therapy, chiropractic therapy, corticosteroid injection to the right lateral epicondyle, orthovisc injections to the right knee and bracing. She continues to have pain. She is a diabetic. She has had epidural steroid injection to the cervical spine. The claimant reports pain from the wrist to the shoulder. She wears a brace most of the time. She uses a TENS unit. The claimant has right knee pain and left knee pain. The claimant has a diagnosis of TFCC tear, bilateral knee chondromalacia patella, left carpal tunnel syndrome, common extensor tendon origin tendinosis/partial tear per MRI, CRPS right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Certify pain management consultation x one (1): Overturned

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 Chapter 7, consultation

Decision rationale: The ACOEM notes that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. When a physician is responsible for performing an isolated assessment of an examinee's health or disability for an employer, business, or insurer, a limited examinee-physician relationship should be considered to exist. A referral may be for: Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. Medical records reflect this claimant has bilateral hand/wrist pain and bilateral knee pain, who has been treated with injections and medications. the claimant has had 0% improvement. There is no indication that surgery is being planned. Therefore, based on the records provided, a consultation with pain management is reasonable and medically indicated to see if there is anything else to offer this claimant, as she has failed all other forms of treatment.