

Case Number:	CM14-0207108		
Date Assigned:	12/19/2014	Date of Injury:	10/04/2013
Decision Date:	10/13/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/10/2014

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. 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: Emergency 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 46 year old female with an industrial injury dated 10-04-2013. Review of the medical records indicates she is being treated for right distal radius fracture. She presented on 08-14-2014 with complaints of pain in the right wrist rated as 8 out of 10. The provider documented "She has been out of work since Dec 10, 2013, no light duty has been offered since this time." Objective findings of the right wrist examination revealed full range of motion accompanied with pain in all planes with dorsiflexion at 55 degrees, plantar flexion at 55 degrees, radial deviation at 15 degrees and ulnar deviation at 25 degrees. There was moderate swelling noted over the right wrist. Prior treatment included muscle stimulator unit, paraffin wax therapy, home exercise, chiropractor and medications. The treatment request is for the following: X-rays, Ongoing follow up appointments, Initial primary treater evaluation. On 11-06-2014 the request for initial primary treater evaluation was non-certified by utilization review. The request for follow up appointments was partially certified for one follow up appointment. The request for x-rays was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial primary treater evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Office visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: The requested Initial primary treater evaluation is medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states: "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary". The injured worker has pain in the right wrist rated as 8 out of 10. The provider documented "She has been out of work since Dec 10, 2013, no light duty has been offered since this time." Objective findings of the right wrist examination revealed full range of motion accompanied with pain in all planes with dorsiflexion at 55 degrees, plantar flexion at 55 degrees, radial deviation at 15 degrees and ulnar deviation at 25 degrees. There was moderate swelling noted over the right wrist. The treating physician has documented positive symptoms and exam findings to warrant an initial evaluation. The criteria noted above having been met, initial primary treater evaluation is medically necessary.

Ongoing follow up appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Office visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: The requested ongoing follow up appointments, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, Part 1: Introduction, states, "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary". The injured worker has pain in the right wrist rated as 8 out of 10. The provider documented "She has been out of work since Dec 10, 2013, no light duty has been offered since this time." Objective findings of the right wrist examination revealed full range of motion accompanied with pain in all planes with dorsiflexion at 55 degrees, plantar flexion at 55 degrees, radial deviation at 15 degrees and ulnar deviation at 25 degrees. There was moderate swelling noted over the right wrist. The treating physician has not documented the medical necessity for more than one follow-up appointment. The criteria noted above not having been met, initial primary treater evaluation is not medically necessary.

X-rays: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines -Wrist & Hand Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: The requested X-rays are not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 11, Forearm, Wrist, Hand Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 268-269, recommend radiographs only with documented red flag conditions, after conservative treatment trials. The injured worker has pain in the right wrist rated as 8 out of 10. The provider documented "She has been out of work since Dec 10, 2013, no light duty has been offered since this time." Objective findings of the right wrist examination revealed full range of motion accompanied with pain in all planes with dorsiflexion at 55 degrees, plantar flexion at 55 degrees, radial deviation at 15 degrees and ulnar deviation at 25 degrees. There was moderate swelling noted over the right wrist. The treating physician has not documented applicable red flag conditions. The criteria noted above not having been met X-rays are not medically necessary.