

Case Number:	CM13-0018807		
Date Assigned:	01/15/2014	Date of Injury:	06/05/2013
Decision Date:	04/07/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/30/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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:

The patient is a 31 year old male with date of injury 6/5/13. The treating physician report dated 11/1/13 indicates that patient has diagnoses of: Right forearm strain/sprain and right forearm extensor tendinitis. The utilization review report dated 9/3/13 denied PT 2x3. The UR report dated 11/14/13 denied the request for PT 3x2 right elbow. There are no other UR reports available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

A referral to an orthopedic specialist for the right elbow, forearm and wrist: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Page 127

Decision rationale: The patient presents with right proximal forearm extensor tendinitis. The records reviewed were very limited with an initial report dated 7/19/13, follow up dated 11/1/13 and a final treating physician report (PR-4) dated 12/24/13. There was no clinical documentation

of a request for a referral to an orthopedic specialist for the right elbow, forearm and wrist. The final report states that the patient may benefit from 4-6 doctor visits per year for medication refills or future physical therapy, proximal forearm extensor steroid injection and NSAID refills. The ACOEM guidelines do allow for referral 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. There is no documentation found to support a referral to an orthopedic specialist. MTUS page 8 states that the treater needs to monitor the patient's condition and make appropriate recommendations. Without the treater's rationale as to why an orthopedic referral is needed, the request cannot be considered. Recommendation is for denial.