

Case Number:	CM13-0034193		
Date Assigned:	12/06/2013	Date of Injury:	10/29/1999
Decision Date:	02/07/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 physician 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 63-year-old female who sustained a work related injury on 10/29/1999. The patient's diagnoses include cervical strain, right shoulder impingement, lumbar strain, right shoulder AC arthrosis, and osteoarthritis of the right thumb CMC. Subjectively, the patient reported complaints of neck, low back pain, bilateral shoulder, and left lower extremity pain. Objective findings revealed spasms, tenderness, and tenderness to palpation at the AC joint. The patient's prior treatments included splinting and medication management. A request for authorization was made for a referral to a rheumatologist to discuss Enbrel.

IMR ISSUES, DECISIONS AND RATIONALES

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

one consult with a rheumatologist for right thumb osteoarthritis, as an outpatient, between 9/19/2013 and 11/3/20013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 88-92.

Decision rationale: ACOEM Guidelines state that, "Referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular

cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan." The clinical information submitted for review lacks documentation of diagnostic workup or physical examination findings suggestive of rheumatoid arthritis to warrant a referral to a rheumatologist to discuss Enbrel. Given the lack of documentation submitted for review, the request is not supported. Therefore, the request for 1 consult with a rheumatologist for right thumb osteoarthritis, as an outpatient, between 09/19/2013 and 11/03/2013 is non-certified.