

Case Number:	CM13-0053907		
Date Assigned:	12/30/2013	Date of Injury:	11/27/2012
Decision Date:	06/05/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/08/2013

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 Orthopedic Surgery 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 sustained a compensable injury in November, 2012. The records presented for review begin with a urinalysis obtained in October of 2013, a normal study was noted. A request for orthopedic consultation was made in October, 2013 and a modified request was certified. It is noted there is constant right elbow pain and a normal shoulder range of motion. A clinical assessment relative to carpal tunnel syndrome was supported. The request for treatment noted the diagnosis as right shoulder internal derangement, right elbow strain and right wrist internal derangement. Drug screening was obtained and no illicit substances identified. The progress note noted objective physical examination findings of a decreased range of motion of the right elbow and wrist. A positive Phalen's and a positive Tinel's are also reported. Multiple topical preparations are distributed. A follow-up physical examination completed December 2013 noted the exact same findings. An orthopedic consultation was completed September 2013 and the entire right upper extremity was evaluated. The clinical assessment was a carpal tunnel syndrome on the right and an ulnar nerve entrapment at the elbow also on the right. A narrative for the primary treating provider noted electrodiagnostic studies of the bilateral upper extremities had been completed. A copy of the physical examination was reported. An MRI of the right hand and wrist was also completed. Bilateral mild carpal tunnel syndrome is noted. A request for a right wrist brace was certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOPEDIC CONSULTATION FOR THE RIGHT ELBOW, SHOULDER, 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 records reflect that multiple orthopedic evaluations have occurred in the last six months. These assessments address the low back, the bilateral upper extremities, and the lower extremities. Furthermore, there have been enhanced imaging studies, diagnostic studies, and there is no data presented to suggest the need for an additional orthopedic consultation. When noting the parameters outlined in the MTUS, referral is done when the diagnosis is uncertain or is extremely complex. Neither of these standards has been met. Therefore, the request for orthopedic consultation for the right elbow, shoulder and wrist is not medically necessary and appropriate.