

Case Number:	CM14-0133096		
Date Assigned:	08/22/2014	Date of Injury:	04/24/2006
Decision Date:	10/02/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/20/2014

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 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:

This 47 year-old patient sustained an injury on 4/24/06 while employed by [REDACTED]. Request(s) under consideration include Orthopedic Consultation for Treatment (Unspecified) for Right Elbow with Specialist. Diagnoses include right elbow pain. EMG/NCV dated 10/26/12 showed right ulnar neuropathy at elbow bilaterally; carpal tunnel syndrome bilaterally. Orthopedic report of 2/18/14 noted the patient with right arm pain. EMG/NCS was reviewed and showed right ulnar neuropathy at elbow with question of right C5 neuropathy. Exam showed "no real neck tenderness; 70 degrees flexion and 70 degrees extension;" upper extremity with negative Tinel's and Phalen's at wrist; right elbow showed tenderness over radial head area with normal sensation and negative Tinel's at ulnar nerve in the elbow and in Guyon's canal. Diagnoses included right radial ulnar arthritis; right carpal tunnel release; rule out cervical spine herniated disc. Plan included medications (Naproxyn, Prilosec, Ultram), MRI of cervical spine and UDS. The patient remained TTD through 4/15/14 and noted "thank you for referring this patient." Report of 6/12/14 from the provider noted the patient with unchanged complaints in elbow. Exam showed right elbow range of 0-180 degrees. The request(s) for Orthopedic Consultation for Treatment (Unspecified) for Right Elbow with Specialist was not medically necessary on 7/22/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition 2004 page 127 & Official Disability Guidelines: Elbow

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- Independent Medical Examinations and Consultations, page 127

Decision rationale: This 47 year-old patient sustained an injury on 4/24/06 while employed by [REDACTED]. Request(s) under consideration include Orthopedic Consultation for Treatment (Unspecified) for Right Elbow with Specialist. Diagnoses include right elbow pain. EMG/NCV dated 10/26/12 showed right ulnar neuropathy at elbow bilaterally; carpal tunnel syndrome bilaterally. Orthopedic report of 2/18/14 noted the patient with right arm pain. EMG/NCS was reviewed and showed right ulnar neuropathy at elbow with question of right C5 neuropathy. Exam showed "no real neck tenderness; 70 degrees flexion and 70 degrees extension;" upper extremity with negative Tinel's and Phalen's at wrist; right elbow showed tenderness over radial head area with normal sensation and negative Tinel's at ulnar nerve in the elbow and in Guyon's canal. Diagnoses included right radial ulnar arthritis; right carpal tunnel release; rule out cervical spine herniated disc. Plan included medications (Naproxyn, Prilosec, Ultram), MRI of cervical spine and UDS. The patient remained TTD through 4/15/14 and noted "thank you for referring this patient." Report of 6/12/14 from the provider noted the patient with unchanged complaints in elbow. Exam showed right elbow range of 0-180 degrees. The request(s) for Orthopedic Consultation for Treatment (Unspecified) for Right Elbow with Specialist was non-certified on 7/22/14. Submitted reports have not demonstrated any surgical lesion or indication for surgical consult when the patient has unremarkable clinical findings without positive provocative testing or red-flag conditions. Examination has no specific neurological deficits to render surgical treatment correlating with diagnostic study with significant emergent surgical lesion or failed conservative care failure. Additionally, the patient had evaluation with orthopedist in February 2014 and the indication for another orthopedic referral with unspecified treatment is indicated. The Orthopedic Consultation is not medically necessary and appropriate.

Treatment (Unspecified) with Orthopedic Specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupation Medicine Practice Guidelines, 2nd Edition 2004 page 127 & Official Disability Guidelines: Elbow

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- Independent Medical Examinations and Consultations, page 127

Decision rationale: This 47 year-old patient sustained an injury on 4/24/06 while employed by [REDACTED]. Request(s) under consideration include Orthopedic

Consultation for Treatment (Unspecified) for Right Elbow with Specialist. Diagnoses include right elbow pain. EMG/NCV dated 10/26/12 showed right ulnar neuropathy at elbow bilaterally; carpal tunnel syndrome bilaterally. Orthopedic report of 2/18/14 noted the patient with right arm pain. EMG/NCS was reviewed and showed right ulnar neuropathy at elbow with question of right C5 neuropathy. Exam showed "no real neck tenderness; 70 degrees flexion and 70 degrees extension;" upper extremity with negative Tinel's and Phalen's at wrist; right elbow showed tenderness over radial head area with normal sensation and negative Tinel's at ulnar nerve in the elbow and in Guyon's canal. Diagnoses included right radial ulnar arthritis; right carpal tunnel release; rule out cervical spine herniated disc. Plan included medications (Naproxyn, Prilosec, Ultram), MRI of cervical spine and UDS. The patient remained TTD through 4/15/14 and noted "thank you for referring this patient." Report of 6/12/14 from the provider noted the patient with unchanged complaints in elbow. Exam showed right elbow range of 0-180 degrees. The request(s) for Orthopedic Consultation for Treatment (Unspecified) for Right Elbow with Specialist was non-certified on 7/22/14. Submitted reports have not demonstrated any surgical lesion or indication for surgical consult when the patient has unremarkable clinical findings without positive provocative testing or red-flag conditions. Examination has no specific neurological deficits to render surgical treatment correlating with diagnostic study with significant emergent surgical lesion or failed conservative care failure. Additionally, the patient had evaluation with orthopedist in February 2014 and the indication for another orthopedic referral with unspecified treatment is indicated. The Treatment (Unspecified) with Orthopedic Specialist is not medically necessary and appropriate.