

Case Number:	CM14-0176668		
Date Assigned:	10/29/2014	Date of Injury:	09/12/1995
Decision Date:	12/05/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/24/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 47 year old male who was injured on 9/12/1995. He was diagnosed with posttraumatic head syndrome, sleep disorder, headache, neck pain/strain, shoulder pain/strain, bilateral elbow pain/strain, and bilateral hip pain/strain, lumbar pain/strain with radiation, bilateral knee pain/strain, bilateral ankle pain/strain, carpal tunnel syndrome, and anxiety. He was treated with medications and surgery (right wrist). More recently, on 8/28/14, the worker was seen by an orthopedic physician for an initial examination complaining of bilateral elbow pain with numbness and tingling into the ring and small fingers which began several months prior but has worsened and more constant since it began. He reports having some weakness in the hands, and also reports worse symptoms at night. She reported using Aleve for her pain. Physical findings included no atrophy in the hands, full range of motion of fingers in both hands, normal range of motion of both elbows, non-tender cubital tunnel bilaterally, negative Tinel's at the cubital tunnel bilaterally, negative cubital tunnel compression testing bilaterally but instead produces pain in the neck and back, normal sensation in both arms, and Spurling's test causes discomfort of posterior lateral neck and tiredness into shoulders. During the examination the worker reported constant tingling in both arms. He was then recommended to see a neurologist for a consultation as well as get EMG/NCV testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 neurological consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): CH.8 PAGES 166 & 171 / CH.10 PAGE 2.

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), p. 127

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted 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 in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. In the case of this worker, his newer symptoms of pain, numbness, and tingling reported to his orthopedist suggested a neurological pathology. Physical examination results were not clearly identifying a focal point for the source of his symptoms, which is why he was referred to a neurologist for examination and nerve testing. This seems reasonable after reviewing the progress note provided. There is certainly medical appropriateness of requesting a specialist consultation when there is confusion with diagnosis, which is applicable to this particular case, even though there were no signs or symptoms of red flag conditions, which would certainly be another reason to refer. Therefore, the neurology consultation is reasonable and medically necessary.