

Case Number:	CM14-0183972		
Date Assigned:	11/10/2014	Date of Injury:	04/01/2014
Decision Date:	12/18/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/04/2014

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 Orthopedic Hand Surgery, has a subspecialty in General Surgery, Hand Surgery & Plastic Surgery and is licensed to practice in Oregon. 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:

According to the medical records, the patient is a 35-year-old male who sustained an industrial injury on April 1, 2014. He has pain in both wrists. Therapy increases symptoms. The Patient has continued and numbness of bilateral wrists. Pain level is 8/10. Medications do not help. He underwent electrodiagnostic studies on August 29, 2014, and was found to be normal. The patient has no improvement with physical therapy. He was diagnosed with bilateral wristsprain/strain bilateral elbow medial epicondylitis and bilateral cubital tunnel syndrome. The patient was recommended continued use of braces. MRIs were recommended of the bilateral elbows and wrists. A surgical consult was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical consult for Bilateral Wrists and Elbows: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines; Consultations, pages: 92, 127, 112, 179, & 180.

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) ACOEM Guidelines page 127.

Decision rationale: CA MTUS: According to ACOEM Guidelines, page 127, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case, the patient has not responded to conservative management and has symptoms (epicondylitis, cubital tunnel syndrome) that may eventually require surgical intervention. The diagnosis is uncertain, and referral is indicated.