

Case Number:	CM14-0038000		
Date Assigned:	06/25/2014	Date of Injury:	01/31/2013
Decision Date:	08/13/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/01/2014

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 Pain Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 is a 52 year old female with an injury date of 01/31/13. Based on the 02/17/14 progress report provided by [REDACTED] the patient complains of constant moderate left elbow pain. She has numbness and tingling sensations. The patient has had a lot of pressure at work as well as stress and problems sleeping. She "States that acupuncture helps decrease her pain temporarily. She is able to do more activities of daily living." The patient is diagnosed with left elbow medial and lateral epicondylitis. [REDACTED] is requesting for the following: Acupuncture 12 visits Orthopedic consultation The utilization review determination being challenged is dated 03/11/14. [REDACTED] is the requesting provider and provided treatment reports from 12/12/13- 05/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consultation.: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 Practice Guidelines, 2nd Edition (2004), Ch:7 page 127.

Decision rationale: According to the 02/17/14 report by [REDACTED], the patient presents with constant moderate left elbow pain with numbness and tingling sensations. The request is for an orthopedic consultation. ACOEM page 127 states "the occupational health practitioner may refer to other specialists 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." ACOEM supports specialty consultation and the patient should be allowed an orthopedic consultation. Recommendation is for authorization.