

Case Number:	CM14-0045433		
Date Assigned:	06/27/2014	Date of Injury:	03/14/2013
Decision Date:	11/10/2014	UR Denial Date:	03/12/2014
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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, elbow, and upper extremity pain reportedly associated with cumulative trauma at work between the dates of March 14, 2012, through March 14, 2013. In a Utilization Review Report dated March 12, 2014, the claims administrator denied an orthopedic surgery consultation, denied an x-ray of the left upper extremity, and denied unspecified medications. Non-MTUS ODG Guidelines were employed to deny the orthopedic consultation and x-ray of the left upper extremity, despite the fact that the MTUS addressed the topic. The applicant's attorney subsequently appealed. The request at issue was apparently sought via request for authorization (RFA) form of March 5, 2014, in which an initial consultation, x-rays, and unspecified medications were sought. The March 5, 2014, RFA form was not accompanied by any clinical progress notes or narrative commentary. It appeared that these requests were being sought on a routine basis as a matter of course. In an earlier note dated January 2, 2014, the applicant reported mild elbow pain. The applicant was given a 0% whole person impairment rating. It was stated that the applicant was described as having only mild sensory deficits about digits 1, 2, 3. The applicant's work status was not clearly outlined. In an earlier note dated September 12, 2013, the applicant was given diagnosis of left lateral epicondylitis, recalcitrant in nature. An elbow surgery referral was sought on the grounds that the applicant had reportedly plateaued with conservative treatment through that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with an orthopedic surgeon (left upper extremity): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment Workers Compensation Neck and Upper Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 34.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 10, page 34, the timing of the referral for surgery should be consistent with the condition that has been diagnosed, the degree of functional impairment, and the progression of severity of objective findings. In this case, the applicant was given a 0% whole person impairment rating via a permanent and stationary report of January 2, 2014. The applicant was described as having only mild pain complaints, no strength deficits, and only subjectively diminished sensation in digits 1 to 3. The applicant's condition, thus, does not appear to be severe. The applicant does not appear to be a surgical candidate, based on the most recent progress note. The applicant does not appear to have any significant degree of functional impairment. Therefore, the request is not medically necessary.

X-ray of the left upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment Workers Compensation Elbow Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 48.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 10, Algorithm 1, page 48 does recommended plain film radiographs to the elbow in applicants in whom there are red flags for an elbow fracture, in this case, however, there was no mention of any red flag issues suspicious for an elbow fracture present either on the January 2, 2014 permanent and stationary report or on the March 5, 2014 request for authorization (RFA) form. No rationale for the proposed x-ray of the left upper extremity was furnished by the attending provider. It does not appear that the proposed elbow x-ray would appreciably alter or influence the treatment plan. Rather, it appears that the elbow x-rays in question were sought on a routine basis, with no intention on acting on the results of the same. Therefore, the request is not medically necessary.

Medications (names not indicated): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, it is incumbent upon the prescribing provider to discuss the efficacy of proposed medications for the particular condition for which it is being prescribed. In this case, the attending provider did not furnish the name or names of the medications in question. The March 5, 2014, RFA form was not accompanied by any clinical progress note or clinical rationale. Therefore, the request is not medically necessary.