

<b>Case Number:</b>	CM14-0054826		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	03/29/1986
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 Internal Medicine, Pulmonary Diseases 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 injured worker is a 53-year-old female who reported injury on 03/29/1986. The mechanism of injury was not submitted for review. The injured worker has diagnoses of brachial plexus injury, cervical radiculopathy, elbow pain, entrapment neuropathy, and lateral epicondylitis. Past medical treatment consists of acupuncture, physical therapy, surgery, and medication therapy. Medications included Ambien, Norco, Lidoderm, ibuprofen, amitriptyline, Adipex, Diovan, liothyronine (Cytomel), and Nexium. On 04/28/2010 the injured worker underwent EMG/NCS. The results revealed progressive moderate left carpal tunnel syndrome with moderate axonal loss to the left. On 08/06/2014 the injured worker complained of right upper extremity pain. Examination of the right elbow revealed that range of motion was restricted with an extension limited to 2 degrees, but normal flexion. Tenderness to palpation was noted over the lateral epicondyle. Tinel's sign was negative. Exam of the right wrist revealed a surgical incision at the right de Quervain's and right carpal tunnel. No limitation was noted in palmar flexion, dorsiflexion, ulnar deviation, radial deviation, pronation and supination. Phalen's sign was positive. Tinel's also was positive. The exam also revealed tenderness to palpation over the radial side and first MCP joint. The injured worker had a motor strength grip of 4/5 on the right and 5/5 on the left, elbow flexors was 5/5 on the both sides, and elbow extensors was 5/5 on both sides, shoulder abduction was 5/5 on both sides, shoulder abduction was 5/5 on both sides. On the sensory examination, light touch sensation was patchy in distribution and in the right upper extremity, especially C6 distribution including thumb, middle and pinky finger. The treatment plan is for the injured worker to have a referral to see an orthopedic surgeon. The rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to Orthopedic Surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Pain, Office Visit.

**Decision rationale:** The request for Referral to Orthopedic Surgeon is not medically necessary. The Official Disability Guidelines recommend office visits for proper diagnoses and return to function of the injured worker. The need for a referral with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As patients' conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit or referral requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with the eventual patient independence from the healthcare system through self-care as soon as clinically feasible. There was mention of the need for surgical evaluation for the right upper extremity but no clear detail was provided as to why this evaluation is required at this point and what specific issues need to be answered with regard to this particular evaluation. Furthermore, it was not clear whether the injured worker had any other previous surgical evaluations for the right upper extremity including the recommendations. Additionally, there was mention that the injured worker had previous surgery for right de Quervain's and right carpal tunnel syndrome, and it was not clear why the injured worker could not follow-up with the original surgeon, as opposed to undergoing any referral to a different orthopedic surgeon. As such, the request for a Referral to Orthopedic Surgeon is not medically necessary.