

<b>Case Number:</b>	CM14-0055563		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/22/2012
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/24/2014
<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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 56 year old male who initially reported an injury to his right elbow after pulling weeds on 01/22/12. The clinical note dated 08/24/12 indicates the injured worker complaining of a sharp pulling sensation at the right elbow. Pain was also elicited along with paresthesia at the hand and shoulder. The injured worker described constant right elbow pain which was exacerbated with pulling activities. The injured worker was able to demonstrate 110 degrees of right elbow flexion with fifteen degrees of extension. The MRI of the right elbow dated 09/12/12 revealed a partial tear of the common extensor tendon at the origin on the lateral humeral epicondyle. A moderate sprain and partial tear were identified at the radial collateral ligament as well. The clinical note dated 03/03/14 indicates the injured worker having previously undergone a pacemaker implantation. There is also an indication the injured worker is continuing with right elbow pain. Minimal strength deficits were identified with right elbow flexion and extension. The utilization review dated 03/24/14 resulted in a denial for a referral to cardiac, abdominal, and pulmonary medicine as no significant information had been submitted following the 2012 course of treatment. No updated information was submitted confirming the need for a referral or evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to Internal Medicine for Cardiac, Abdominal and Pulmonary Sequelae: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Part 1 Page(s) : 1. Decision based on Non-MTUS Citation ACOEM Chapter 4, Work Relatedness ACOEM Chapter 7 page: 127, Consultations.

**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) IME and Consultations, Page 503.

**Decision rationale:** The documentation indicates the injured worker complaining of right elbow pain with associated strength deficits. The request for a referral to an internal medicine for cardiac, abdominal, and pulmonary sequelae is noncertified. No information was submitted regarding the injured worker's current cardiac, abdominal, or pulmonary findings that would indicate the need for an evaluation. Therefore, it is unclear how the injured worker would benefit from the requested treatment/evaluation. Therefore, this request is not indicated as medically necessary.