

Case Number:	CM14-0076010		
Date Assigned:	07/18/2014	Date of Injury:	02/17/2014
Decision Date:	08/28/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/23/2014

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 Surgery 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:

This 40-year-old female sustained an industrial injury on 2/17/14. She reported a gradual onset of left elbow pain relative to packing merchandise in boxes and taping the boxes closed. The patient is left-hand dominant. The 2/21/14 Doctor's First Report cited left elbow pain with numbness and tingling to deep palpation. The diagnosis was left elbow strain. The patient was placed on modified work and prescribed Ibuprofen. The 4/7/14 initial physical therapy evaluation cited left elbow pain with lifting over 5 pounds. She was unable to sweep or mop for more than 3 minutes, and was limited in writing and reaching activities. Physical exam documented global upper extremity strength 4-4+/5. Resisted shoulder abduction and internal rotation reproduced symptoms. There was tenderness to palpation over the left medial epicondyle, biceps tendon at the cubital fossa and radial head. The therapist reported left elbow pain attributable to decreased coordination of the shoulder muscles. The 4/22/14 physical therapy progress report cited completion of 6 visits with improvement in left elbow strength and range of motion. DASH score improved by 27.6%. The patient reported onset of symptoms lifting greater than 15 pounds. Work duties required lifting to 50 pounds. Additional physical therapy was recommended to return the patient to full duty. The 5/1/14 treating physician report cited pain with motion and medial and lateral epicondyle tenderness. Elbow flexion was reported 140 degrees, and supination/pronation 80 degrees. The 5/15/14 utilization review denied the request for Orthopedic Consultation for the left elbow based on insufficient documentation of Orthopedic and conservative treatment provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Consultation/Evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2010 Revision, Web Edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127.

Decision rationale: The California MTUS Guidelines support referral to a specialist 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. The guideline criteria have been met. This patient presents with left elbow pain that has slowly improved with physical therapy but remains at less than one third the required lifting capacity for return to work due to pain. Left elbow symptoms have been attributed to upper extremity mechanical dysfunction. An Orthopedic Consult for diagnosis and additional treatment options is reasonable and therefore is medically necessary.