

Case Number:	CM14-0082508		
Date Assigned:	07/21/2014	Date of Injury:	09/07/2012
Decision Date:	12/16/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/04/2014

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 Emergency 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:

Patient with reported date of injury on 9/7/2012. No mechanism of injury was documented in provided notes. Patient has a diagnosis of R upper extremity tingling/numbness and neck sprain/strain. Patient is post R elbow ulnar nerve neurolysis, anterior subcutaneous ulnar nerve transposition on 7/31/13. Patient is also post R shoulder and R wrist carpal tunnel release surgery (no date provided). Medical reports reviewed. Last report available until 5/13/14. Patient complains of R hand numbness along dorsal aspect of hand and palm. Objective exam reveals well healed scar and full range of motion of elbow, wrist and digits. No sensory deficits were noted on exam. There was some tenderness to proximal forearm. A letter signed by the patient dated 5/28/14 was reviewed. Letter claims that patient had R neck, R shoulder and R elbow pains radiating to R hand and not just elbow complaints. Summary of letter basically states that there is a concern about conclusions about ability to return to work and concern about other non-elbow neurological cause for symptoms that was not purely from rotator cuff tear or elbow pathology. The note lists complaints of numbness, tingling and weakness to R arm and hand. The letter claims that the patient went back to normal work including computer work and started getting return of symptoms soon after. This is contradicted by supplementary report from a treating provider dated 3/26/14 that notes that the patient never went back to his regular work but was reportedly just reading on the first day of return to work and was not in fact typing or doing computer work. It is unclear from the letter why or what the patient expects from a neurologist or specialist consultation. Only rationale by requesting provider for consultations is for "persistent neurological deficits". EMG/NCV of R upper extremity (4/16/14) reveals mild sensory ulnar motor residual entrapment/dysfunction at olecranon groove; Borderline findings on R median nerve at wrist; No cervical radiculopathy noted; No medication list was noted; only noted to be

on anti-inflammatories. Independent Medical Review is for "Transfer of care to pain management" and "Neurology". Prior UR on 5/23/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transfer of care to pain management: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 92.

Decision rationale: As per ACOEM guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability. Patient has a chronic issue that is unchanged. There is no new noted deficits or problems. Recent EMG/NCV was benign with no noted radiculopathy or any additional findings beyond elbow neuritis and carpal tunnel syndrome that is already being treated. There is no appropriate documented of why patient requires consultation with a specialist. There is no noted pain medications or failure of current management. The request for transfer of care to pain management is not medically necessary.

Neurology: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 92.

Decision rationale: As per ACOEM guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability. Patient has a chronic issue that is unchanged. There is no new noted deficits or problems. Recent EMG/NCV was benign with no noted radiculopathy or any additional findings beyond elbow neuritis and carpal tunnel syndrome that is already being treated. There is no appropriate documented of why patient requires consultation with a specialist. There is no noted pain medications or failure of current management. The request for transfer of care to pain management is not medically necessary.