

Case Number:	CM14-0207603		
Date Assigned:	12/19/2014	Date of Injury:	05/08/2014
Decision Date:	02/13/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/11/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional Spine 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 patient is a 39 year old female with an injury date of 05/08/14. The primary treating physician's progress report by [REDACTED] dated 10/02/14 states that the patient presents with occasional left elbow pain with numbness, tingling and weakness along with constant severe pain with numbness, tingling and weakness in the left wrist, hand and fingers. The 11/07/14 report [REDACTED] states the patient presents with lower back pain. The patient is to remain off work until 12/19/14 as of 11/04/14. Examination of the left elbow reveals painful ranges of motion and positive Tinel's sign. There is tenderness to palpation of the left wrist mid palm as well as the anatomical snuffbox, lateral, thenar and volar wrist with painful ranges of motion. Tinel's and Finkelstein's are positive. There is tenderness to palpation of the palmar aspect of the left hand. The patient's diagnoses include: 1. Left elbow pain 2. Left de Quervain's disease 3. Left wrist pain 4. Rule out carpal tunnel syndrome 5. Rule out left lateral epicondylitis (11/04/14 report) 6. Rule out left wrist internal derangement (11/04/14 report) 7. Left hand tenosynovitis 8. Lumbago (11/04/14 report) 9. Rule out lumbar disc protrusion (11/04/14 report) 10. Rule out lumbar radiculitis versus radiculopathy (11/04/14 report) The 10/02/14 treatment plan shows requests for NCV/EMG upper extremity, left wrist brace, Acupuncture and Physical therapy. The 10/28/14 report by [REDACTED] states the patient is awaiting authorization for ESI and has a past history of diabetes mellitus. Medications are listed as Cyclobenzaprine and Capsaicin topical. The utilization review dated 11/04/14 denied this request as there is no documentation of a new orthopedic disorder for which consultation is medically necessary. Reports were provided for review from 05/08/14 to 11/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho examination for left wrist, left elbow, and left hand: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7

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) ACOEM Practice Guidelines, 2nd Edition (2004), Independent Medical Examination and Consultations. Chapter 7 page 127.

Decision rationale: The patient presents with pain numbness and tingling in the left hand, wrist and elbow with restricted ranges of motion of the left elbow and wrist along with lower back pain. The current request is for an ortho examination for left wrist, left elbow, and left hand per 10/02/14 report and RFA. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127 states, "The occupational health practitioner may refer to other specialists 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. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification." The physician does not discuss this request in the reports provided. The reports show the patient has presented with left elbow, wrist and hand pain since at least 07/14/14. Occasional left elbow numbness has progressed to pain and numbness, wrist numbness has progressed to constant severe pain and left hand tenderness has progressed to constant severe pain as of 10/02/14. In this case, it appears the requested expertise afforded by an orthopedic examination appears reasonable and may help the physician with an appropriate course of care. The request is medically necessary.