

Case Number:	CM15-0001303		
Date Assigned:	01/12/2015	Date of Injury:	12/15/2013
Decision Date:	03/10/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 25 year old female who sustained an industrial injury on December 15, 2013. She has reported left elbow pain and has been diagnosed with Lesion of ulnar nerve, carpal tunnel syndrome, and pain in joint forearm. Electromyography and nerve conduction velocity studies (2 May 2014) reported moderately severe left ulnar neuropathy consisted with cubital tunnel syndrome. Treatment to date has included surgery (cubital tunnel release 27 Aug 2014), modified work duty and medication (Voltaren gel). Currently the injured worker complains of increased constant elbow pain. The treatment plan has included await EMG, tamadol, and refer to pain management. On December 9, 2014 Utilization review form dated December 9, 2014 non certified pain management referral, left elbow, left forearm noting the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management referral for left elbow and left forearm: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): Chp 2 pg 21, Chp 5 pg 79, 89-90, 92.

Decision rationale: Decision on when to refer to a specialist is based on the ability of the provider to manage the patient's disease. It relates to the provider's comfort point with the medical situation and the provider's training to deal with that situation. In this case the provider has a patient with chronic pain, not improved with surgical intervention. His referral to a pain specialist to manage the patient's chronic pain is appropriate if he does not feel comfortable doing the management. This is implied when a provider requests a referral. Medical necessity has been established.