

Case Number:	CM15-0007873		
Date Assigned:	01/23/2015	Date of Injury:	08/07/2014
Decision Date:	03/24/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/14/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 following clinical case summary was developed based on a review of the case file, including all medical records: The injured worker is a 58-year-old male who reported an injury on 08/07/2014. The mechanism of injury was a fall. During the fall, he indicated that he grabbed the railing with his right hand which spun him around and he felt something pull in his right shoulder and described numbness and tingling to his right shoulder and into his right arm since the injury. He was initially diagnosed with right shoulder strain, right brachial plexus traction injury, and neuropraxia of the right thumb and index finger in a radial nerve distribution. He was initially treated with pain medication and use of a sling. The injured worker had a neurology consult on 09/19/2014 and recommendations were made for electrodiagnostic testing of the right upper extremity and an MRI of the right brachial plexus. The MRI of the brachial plexus showed no evidence of a right sided brachial plexus injury but showed evidence of a disc protrusion on the right at C5-6. Electrodiagnostic studies revealed evidence of right carpal tunnel syndrome, right cubital tunnel syndrome, and right Guyon canal syndrome. He was recommended to have an MRI of the cervical spine and to undergo physical therapy and use a wrist support for carpal tunnel syndrome. The injured worker was referred to an orthopedic surgeon regarding his cervical disc protrusion. He also saw an orthopedic specialist regarding his shoulder injury on 12/08/2014. At this visit, the injured worker described severe pain and weakness of the right shoulder, as well as numbness and tingling in the hand and fingers and elbow and wrist pain. It was noted that an MRI would be performed on the right shoulder and authorization would be

requested to evaluate the injured worker's right elbow and wrist due to his clear evidence of neuropathy secondary to entrapment based on clinical and diagnostic findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to an unspecified specialist for evaluation and treatment for the right elbow and wrist, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand procedure; Elbow procedure, office visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal tunnel syndrome, Office visits.

Decision rationale: According to the Official Disability Guidelines, the need for clinical office visits should be based on a review of the patient's concerns, signs and symptoms, and clinical findings. The clinical information submitted for review indicated that the injured worker sustained injury to his right shoulder, cervical spine, and throughout his right upper extremity after injury on 08/07/2014. Electrodiagnostic studies showed evidence of ulnar nerve entrapment at the right elbow and right wrist as well as median nerve entrapment at the right wrist. On 12/08/2014, the treating orthopedic physician indicated that the injured worker's right elbow and wrist should be evaluated. However, as review of the documentation indicated that the injured worker had previous visits with a neurologist regarding his right upper extremity as well as other orthopedic evaluations, the specific need for a referral to a specialist for these areas was not made clear. Furthermore, the request as submitted did not specify the referral as it was submitted as unspecified specialist. Therefore, the request is not medically necessary.