

<b>Case Number:</b>	CM15-0100673		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	11/05/2001
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 63 year old male who sustained an industrial injury on November 5, 2001. He has reported right wrist and bilateral upper extremity neuropathy and has been diagnosed with status post right comminuted calcaneal fracture, status post open reduction internal fixation, status post neuroplasty, posterior tibialis nerve, status post neuropathy, right sural nerve, status post calcaneal osteotomy, status post subtalar fusion, leg length discrepancy, status post right femoral neck fracture, status post open reduction internal fixation with subsequent hardware removal, severe complex regional pain syndrome of the right lower extremity, lumbar spondylosis with musculoligamentous sprain strain, status post right distal radial fracture with ulnar impaction syndrome, right carpal tunnel symptoms, left first CMC arthritis, left shoulder impingement, and probable left carpal tunnel syndrome. Treatment has included medical imaging, physical therapy, surgery, aquatic therapy, and medications. Both wrists remained in a brace. He has severe bilateral wrist pain, bilateral volar wrist tinel, and severe right medial wrist pain increased with ulnar deviation with crepitus. Right lower extremity was remarkable for footdrop, atrophy, and severe allodynia. Gait was cane assisted. The treatment request includes re-evaluation with an orthopedic specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Re-evaluation with an orthopedic specialist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot, (Acute and Chronic): Office Visits.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM,page 127.

**Decision rationale:** The patient presents with pain affecting the bilateral upper extremity. The current request is for Re-evaluation with an orthopedic specialist. The treating physician states in the report dated 4/2/15, the patient to be re-evaluated with orthopedic upper extremity specialist, [REDACTED] (294B) The ACOEM guidelines state, 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. In this case, the treating physician has documented that the orthopedic specialist has been unable to continue treatment because the electro diagnostic studies have been denied. The treating physician has not documented why this referral is needed or what symptoms the patient was having that would warrant this referral. Additionally, the procedure the specialist recommended was denied. The current request is not medically necessary.