

Case Number:	CM15-0107234		
Date Assigned:	06/11/2015	Date of Injury:	01/18/2014
Decision Date:	07/13/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/03/2015

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: Massachusetts

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 injured worker is a 60-year-old female, who sustained an industrial injury on 1/16/2014. She reported injury while roller skating and sustaining a fall. The injured worker was diagnosed as having a left wrist radial fracture and underwent closed reduction and open reduction-internal fixation. Left wrist x ray showed intact hardware at fracture site Treatment to date has included closed reduction and open reduction-internal fixation, injections, acupuncture, therapy and medication management. In a progress note dated 5/1/2015, the injured worker complains of increased pain in the left wrist. Physical examination showed decreased stiffness of the fingers and tenderness to the left lateral epicondyle. The treating physician is requesting referral to Physiatrist/PM&R specialist (physical medicine and rehabilitation specialist).

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Physiatrist/PM&R specialist (physical medicine and rehabilitation specialist):
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation ACOEM, Chapter 7 - Independent Medical Examinations and Consultations.

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) Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant sustained a work-related injury in January 2014 and continues to be treated for left wrist pain after closed treatment for a left distal radius fracture. When seen, she was having increasing pain with stiffness of the fingers and had lateral epicondyle tenderness. She was working without restrictions. There had been only temporary pain relief after a lateral epicondyle injection. Her range of motion had improved. There was ongoing lateral epicondyle tenderness. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has ongoing symptoms and findings of lateral epicondylitis. Further treatment likely to be effective would include eccentric strengthening and there are invasive treatments such as shockwave therapy that could be considered. The claimant is not at maximum medical improvement. Therefore, the requested evaluation is medically necessary.