

Case Number:	CM15-0138823		
Date Assigned:	07/28/2015	Date of Injury:	07/28/2014
Decision Date:	08/25/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/17/2015

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 46 year old male who sustained an industrial injury on 7/28/14. He had complaints of right elbow pain. Diagnosed with right medial epicondylitis. Treatments include: medication, physical therapy, chiropractic care, acupuncture, injections, TENS unit and surgery. Progress report dated 6/29/15 reports continued complaints of right elbow and left shoulder pain. The right elbow pain radiates down to the ulnar aspect of the forearm with numbness and tingling in the fourth and fifth digits. He has a shocking feeling that travels from the elbow to the finger with a catching/sharp pinching sensation in the elbow that is worse with gripping. The left shoulder pain is due to repetitive overhead use and rotation. Physical therapy was not helpful, he subsequently had injections and surgery. He is now having severe left shoulder pain with muscle spasm. He is also having severe neck pain that travels from the shoulder up to the neck. Diagnoses include: cervicalgia, rotator cuff dis nec, medial epicondylitis, lesion of ulnar nerve and elbow pain. Plan of care includes: request 6 visits with the chiropractor, cervical MRI, pain management consultation and treatment. He will eventually need right ulnar nerve release. Work status: off work for 3 months. Follow up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consult and treat: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Office visits and Other Medical Treatment Guidelines 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 injury in July 2014 and continues to be treated for right elbow and left shoulder pain. Treatments have included surgery with a recent arthroscopic subacromial decompression and labral repair in March 2015, injections, medications, acupuncture, chiropractic care, and physical therapy. When seen, right elbow surgery was pending. There was medial elbow edema with positive Tinel's and tenderness over the flexors. There was decreased strength and sensation. There was decreased cervical spine range of motion with positive Spurling's and Lhermitte tests. He had decreased and painful shoulder range of motion with muscle spasms. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has chronic pain which appears multi-factorial and interventional care or other treatment may be an option. A pain management consult is medically necessary. However, office visits are recommended as determined to be medically necessary. Without the results of the requested consultation, requesting authorization for continued treatment is not appropriate. Therefore, the request is not medically necessary.