

<b>Case Number:</b>	CM15-0141362		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	01/12/2013
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: Texas, New York, 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 applicant is a represented 58-year-old who has filed a claim for chronic elbow, wrist, and hand pain reportedly associated with an industrial injury of January 12, 2013. In a Utilization Review report dated June 24, 2015, the claims administrator failed to approve a request for a follow-up visit/consultation visit with an orthopedic surgeon, apparently to address elbow issues. An RFA form received on June 17, 2015 and an associated progress note of June 15, 2015 were referenced in the determination. Non-MTUS Chapter 7 ACOEM Guidelines were also cited. On June 15, 2015, the applicant was placed off of work, on total temporary disability. Ongoing complaints of elbow pain were noted. The applicant was status post earlier carpal tunnel release surgery. The applicant was apparently asked to follow up with an orthopedist. Large portions of the note were difficult to follow and not entirely legible. The primary operating diagnosis was apparently elbow epicondylitis. Norco and Prilosec were renewed while the applicant was kept off of work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up consultation visit with orthopedic surgeon (shoulder/knee surgeon) regarding the right elbow:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

**Decision rationale:** Yes, the proposed follow-up visit/consultation with an orthopedic surgeon was medically necessary, medically appropriate, and indicated here. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and to determine whether a specialist evaluation is necessary. Here, the applicant was off of work, on total temporary disability, it was reported on June 15, 2015. Conservative treatment with time, medications, observation, etc., had seemingly proven unsuccessful. Obtaining the added expertise of an orthopedic surgeon to formulate other treatment options insofar as the applicant's elbow was concerned was, thus, indicated. Therefore, the request was medically necessary.