

Case Number:	CM15-0141377		
Date Assigned:	07/31/2015	Date of Injury:	01/12/2013
Decision Date:	09/03/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	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: California

Certification(s)/Specialty: Family Practice

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 58 year old female who sustained an industrial injury on 01-12-13. Treatments to date include medications, topical medications, right elbow surgery consisting of right elbow olecranon bursectomy, August 2014, home exercise program, and physical therapy. Diagnostic studies include a MRI of the right elbow and electrodiagnostic studies of the upper extremities. Current complaints include right elbow pain. Current diagnoses include right lateral epicondylitis. In a progress note dated 06-15-15, the treating provider reports the plan of care as medications including Norco and Prilosec and a follow-up with the hand surgeon regarding her right elbow. The requested treatment is a follow-up with the hand surgeon regarding her right elbow.

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 hand surgeon regarding right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: According to the CA MTUS ACOEM guidelines, referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The injured worker is status post-right elbow olecranon bursectomy in August 2014 and has presented with subjective complaints for right elbow pain. However, the medical records do not establish objective examination deficits on clinical examination with regards to the right elbow to support the requested specialty referral. The request for Follow-up consultation visit with hand surgeon regarding right elbow is not medically necessary and appropriate.