

<b>Case Number:</b>	CM15-0143274		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	01/04/2015
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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, North Carolina  
 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 62 year old female, who sustained an industrial injury on 1-4-2015. She reported a slip and fall onto knees and right wrist, hand and thumb. Diagnoses include right wrist sprain, fracture of distal radius with intraarticular extension, status post closed reduction, carpal tunnel syndrome and cubital tunnel syndrome. Treatments to date include Ibuprofen and Tylenol, casting, wrist splint, and physical therapy. Currently, she complained of pain in the right wrist, elbow and shoulder and numbness in the fingers. On 6-29-15, the physical examination documented guarding and limited range of motion to the right wrist and fingers. There was tenderness throughout the entire upper extremity including the hand, wrist, elbow and arm. There was a positive Tinel's sign and numbness to fingers. The plan of care included a request to authorize a consultation with an orthopedic surgeon and a consultation with a pain specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with an orthopedic surgeon for right shoulder Qty: 1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition , 2004 page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2004, page 127.

**Decision rationale:** ACOEM Guidelines state that a 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 patient is diagnosed with right hand, wrist, and elbow and shoulder stiffness following a fall. The patient has had 2 orthopedic surgery consultations. The request is for a third consultation. The records from the two previous consultations should be submitted for review before a third consult can be considered. Therefore this request is not medically necessary at this time.

**Consultation with a pain specialist for the right upper extremity Qty: 1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines , 2nd Edition , 2004 page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, page127.

**Decision rationale:** ACOEM Guidelines states that a 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 claimant complains of right upper extremity stiffness following a fall. They records indicate that the patient has not exhausted all possible conservative care measures, especially medications, as the patient is only taking Ibuprofen and Tylenol. Therefore the request for a pain management consultation is not medically necessary.