

<b>Case Number:</b>	CM15-0197394		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	03/17/2014
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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, 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 48 year old female who sustained an industrial injury on 03-17-2014. Medical records indicated the worker was treated for diagnoses of clinical compression neuropathy in the left upper arm, poly neuropathy left upper extremity, left wrist triangular fibrocartilage complex (TFCC) tear, and probable ulnar abutment. In the provider notes of 08-25-2015, the injured worker complains of pain in the neck, left shoulder, left arm, and paresthasias in the left digits 3-5. She is doing therapy for the neck and left shoulder. On exam, her left shoulder is tender with frequent muscle spasms. In the left shoulder rotator cuff foot print, the shoulder was weak, had an active elevation 100 degrees, external rotation 70, and internal rotation 60. There was positive Hawkins, and decreased pinwheel sensation left digits 3-5. She had a positive Tinel's at the cubital tunnel and wrist with retrograde pain. Left elbow had positive tenderness at the medial and lateral epicondyle and elbow pain with restricted wrist extension. The patient had received an unspecified number of PT visits for this injury. The medication list include Norco and Nortriptyline. The patient has had MRI of the cervical spine on 6/1/15 that revealed disc protrusions, and degenerative changes; MRI of the left shoulder on 5/12/15 that revealed complete tear of the supraspinatus tendon and degenerative changes and MRI of the left elbow revealed tendinosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Surgical consult for left upper extremity: Overturned**

**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), Chapter 7 Independent Medical Examinations and Consultations, page 127; Official Disability Guidelines (ODG); Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Elbow (Acute & Chronic) updated 06/23/15.

**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, IME and consultations.

**Decision rationale:** Surgical consult for left upper extremity. Per the cited guidelines, the occupational 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. The patient had diagnoses of compression neuropathy in the left upper arm, poly neuropathy left upper extremity, left wrist triangular fibrocartilage complex (TFCC) tear, and probable ulnar abutment. In the provider notes of 08-25-2015, the injured worker complains of pain in the neck, left shoulder, left arm, and paresthesias in the left digits 3-5. On exam, her left shoulder is tender with frequent muscle spasms. The left shoulder was weak, had an active elevation 100 degrees, external rotation 70, and internal rotation 60. There was positive Hawkins, and decreased pinwheel sensation left digits 3-5. She had a positive Tinel's at the cubital tunnel and wrist with retrograde pain. Left elbow had positive tenderness at the medial and lateral epicondyle and elbow pain with restricted wrist extension. The patient has had MRI of the cervical spine on 6/1/15 that revealed disc protrusions, and degenerative changes; MRI of the left shoulder on 5/12/15 revealed complete tear of the supraspinatus tendon and degenerative changes and MRI of the left elbow revealed tendinosis. Therefore this is a complex case and the patient has significant pain in left upper extremity with several significant abnormal objective findings. The management of this case would be benefited by a surgical consult for left upper extremity. The request for referral to a surgical consult for left upper extremity is medically necessary and appropriate for this patient.