MAXIMUS Federal Services

Case Number:	CM15-0203521		
Date Assigned:	10/19/2015	Date of Injury:	03/10/2014
Decision Date:	12/01/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/16/2015

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: Arizona, 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 55 year old female, who sustained an industrial injury on 3-10-14. The injured worker is diagnosed with elbow-forearm sprain-strain, left elbow lateral epicondylitis, tenosynovitis hand-wrist and left cubital tunnel syndrome. Her work status is modified duty. Notes dated 5-11-15 and 9-18-15 reveals the injured worker presented with complaints of constant left elbow, wrist and hand pain accompanied by numbness, tingling, swelling and shooting pain that is rated at 5-10 out of 10. She also reports decreased range of motion. Physical examinations dated 6-29-15 and 9-18-15 revealed left elbow pain, positive spasm and positive carpal tunnel, tender to palpation of the overall area of the "common extensor tendon origin from the lateral epicondyle of the elbow". Range of motion measures the same bilaterally flexion 145 degrees, extension 180 degrees, supination 80 degrees and pronation 80 degrees. Treatment to date has included medications and left elbow surgery; injections did not provide relief per note dated 5-11-15. Diagnostic studies include left elbow MRI dated 8-14-15 revealed low grade partial tearing of the common extensor tendon, mild enlargement and increased signal intensity of the ulnar nerve within the cubital tunnel and mild osteoarthrosis of the ulnotrochlear joint. A request for authorization dated 9-18-15 for continued care with general surgeon for left elbow (1) is denied, per Utilization Review letter dated 9-28-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued care with general surgeon for left elbow, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees fitness for return to work. In this case, the claimant had a low-grade extensor tendon tear and carpal tunnel syndrome. The claimant was awaiting to undergo repair for the carpal tunnel. There was no indication that routine follow- up cannot be done with a primary physician. In addition, the indication for follow-up was not specified. There continued care plan with a general surgeon does is not indicated for hand and elbow disorders. The request is not medically necessary.