

Case Number:	CM15-0205346		
Date Assigned:	10/22/2015	Date of Injury:	03/10/2014
Decision Date:	12/04/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46 year old female, who sustained an industrial injury on 03-10-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for cervical spine and trapezius strain and sprain, cervical spondylosis, right upper extremity radiculopathy, right shoulder periscapular sprain, bilateral cubital tunnel syndrome (right greater than left), DeQuervain's tenosynovitis, mild carpal tunnel syndrome, and lumbar radiculopathy. Medical records (05-12-2015 to 09-15-2015) indicate ongoing neck pain with radiating pain into the right upper extremity, and right elbow and wrist pain. Pain levels were rated 7-8 out of 10 in severity on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 09-15-2015, revealed restricted range of motion in the right wrist, decreased sensation in the fingers on the right, positive Tinel's test in the right wrist and elbow, and positive Finkelstein's test in the right wrist. Relevant treatments have included: carpal tunnel release, physical therapy (PT), acupuncture, corticosteroid injections, home exercises, work restrictions, and pain medications. The request for authorization (09-15-2015) shows that the following service was requested: Rheumatologist Consultation #1. The original utilization review (10-01-2015) non-certified the request for Rheumatologist Consultation #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rheumatologist Consultation, QTY: 1: 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, page 127.

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: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in March 2014 and is being treated for BIL bilateral upper extremity pain. Medications, physical therapy, and acupuncture have been provided. She has right carpal tunnel syndrome and DeQuervain's tenosynovitis and a surgery evaluation has been requested. A narrative by the requesting provider dated 06/15/15 references a medical note on 03/11/15 where the claimant had been seen for a rheumatology consultation and there was no change in her pain medication. When seen in September 2015, she was having total body pain. She had ongoing radiating neck and right elbow pain. Physical examination findings included decreased right elbow and wrist range of motion. There was positive right Tinel and Finkelstein testing and positive Tinel testing at the elbow. Medications were refilled. A rheumatology consultation was requested due to worsening of the claimant's overall condition. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant already had a rheumatology consultation as of March 2015. Follow-up with that provider could be considered. A new rheumatology consultation is not medically necessary.