

Case Number:	CM15-0021139		
Date Assigned:	02/10/2015	Date of Injury:	01/31/2014
Decision Date:	03/31/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/03/2015

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, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 50-year-old [REDACTED] employee who has filed a claim for ulnar neuropathy reportedly associated with an industrial injury of January 31, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier ulnar nerve transposition surgery; an elbow support; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated December 30, 2014, the claims administrator failed to approve a request for a consultation of treatment (AKA referral) with an elbow surgeon, somewhat incongruously reporting that there was no evidence of documented abnormalities involving the elbow and also stated that there was no evidence that the applicant has failed conservative treatment. In another section of the report, it was stated that the applicant had failed prior elbow surgery. Non-MTUS Chapter 7 ACOEM Guidelines were invoked and were, furthermore, mislabeled as originating from the MTUS. In a January 14, 2015 progress note, the applicant reported ongoing complaints of elbow pain status post earlier ulnar nerve release surgery on October 2, 2014. The applicant had residual numbness about the left arm. The applicant was still using Percocet for pain relief. Only 20% improvement was reported following earlier failed elbow surgery. The applicant was seemingly asked to consult an orthopedic elbow surgeon. The applicant was described as having issues with possible left upper extremity complex regional pain syndrome. The attending provider also stated that the applicant had developed compensatory complaints of right elbow pain. The requesting provider was a physician assistant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult and Treat with [REDACTED] (orthopedics) for the Right Elbow: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examination and Consultations, page. 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 47.

Decision rationale: 1. Yes, the proposed orthopedic elbow surgery consultation was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 10, page 47, applicants whose conditions are unresolved following introduction of conservative treatment should receive evaluation by an elbow specialist. Here, the requesting provider, a physician assistant (PA) has posited that the applicant has developed progressive worsening right elbow pain which has proven recalcitrant to conservative treatment, including analgesic medications. Obtaining the added expertise of an orthopedic elbow specialist is, thus, indicated to further evaluate the same. Therefore, the request is medically necessary.