

Case Number:	CM15-0023852		
Date Assigned:	02/13/2015	Date of Injury:	12/18/2010
Decision Date:	04/06/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/09/2015

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, Washington

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 38-year-old female who reported an injury on 02/18/2010 due to a lifting injury. On 01/20/2015, she presented for a followup evaluation regarding her work related injury. She reported that she had undergone splinting of the left wrist for more than a year and was wearing a splint full time. She also reported that she had no additional treatment, testing or procedures prior to the evaluation. Her medications included omeprazole and hydrocodone. A physical examination was not performed. She was diagnosed with left lateral epicondylitis, left radial tunnel, left median nerve entrapment and left ulnar nerve entrapment. The treatment plan was for a consultation with an orthopedic surgeon for the left shoulder. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with orthopedic surgeon for left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2004) Chapter 6, pages 163-176.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 209-210.

Decision rationale: The California ACOEM Guidelines indicate that a referral for a surgical consultation may be indicated for those who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength with exercise programs and clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical intervention. The documentation provided does not state a clear rationale for the medical necessity of a consultation with and orthopedic surgeon. There is no indication that the injured worker has tried and failed all recommended conservative therapy options to support that she should be evaluated for surgery. Without this information the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.