

<b>Case Number:</b>	CM15-0224946		
<b>Date Assigned:</b>	11/23/2015	<b>Date of Injury:</b>	07/02/2014
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	11/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/16/2015

### 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: California

Certification(s)/Specialty: Emergency 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 injured worker is a male who sustained an industrial injury on July 02, 2014. The worker is being treated for cervical spine strain, right wrist and hand strain with instability and left knee status post surgery December 2014. Subjective: May 12, 2015 he reported complaint of difficulty with erections, neck, right hand and left knee pain. Objective: May 12, 2015 noted upon sensory exam the left lower extremity mid anterior thigh, mid lateral calf, and lateral ankle with diminished sensation. Diagnostic: May 2015, July 2015 UDS. Medication: May 2015: Naproxen, Omeprazole, and LidoPro cream. June 2015: Norco and addition of Tramadol, NSAID, and Ketoprofen 75 mg, Omeprazole. July 2015: Ketoprofen cream discontinued, Voltaren, Omeprazole, Norco, and Tramadol. September, and October 2015: Norco, Tramadol, Voltaren, Prilosec, and Trazadone. Treatment: modified work duty, medication, HEP, and noted "failed conservative care including PT, NSAIDs, TENS, and muscle relaxant." On November 02, 2015 a request was made for an initial orthopedic consultation regarding the right wrist that was non-certified by Utilization Review on November 05, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial Orthopedic consult for the right wrist:** Upheld

**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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

**Decision rationale:** The requested Initial Orthopedic consult for the right wrist, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has difficulty with erections, neck, right hand and left knee pain. Objective: May 12, 2015 noted upon sensory exam the left lower extremity mid anterior thigh, mid lateral calf, and lateral ankle with diminished sensation. The treating physician has not documented exam and diagnostic evidence that the injured worker is currently a surgical candidate in regards to the right wrist. The criteria noted above not having been met, Initial Orthopedic consult for the right wrist is not medically necessary.