

<b>Case Number:</b>	CM15-0030131		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	02/23/2012
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: Physical Medicine & Rehabilitation

### 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 41-year-old male who sustained an industrial related injury on 2/23/12 while doing heavy lifting. The injured worker had complaints of left hand pain, sensitivity over the lateral epicondylar scar, weakness of grip, soreness over the lateral epicondyle, and pain with pronation. The diagnosis was lateral epicondylitis. Treatment included lateral epicondylar release, multiple cortisone injections, chiropractic treatment, and physical therapy. The treating physician requested authorization for a consultation. On 2/10/15 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted there was no documentation of a significant functional limitation. The specific type of consultation was not listed. Therefore the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

**Decision rationale:** This patient presents with left hand pain. The treater has asked for 1 CONSULTATION on 1/20/15. The requesting progress report dated 1/20/15 further clarifies request: "request for MD management." The utilization review letter dated 2/10/15 denied request due to lack of specificity regarding type of consultation. Regarding consultations, ACOEM states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the patient has a chronic pain condition. The treater has requested a consultation for pain management, which has the potential to move this case forward per ACOEM guidelines. The requested consultation IS medically necessary.