

Case Number:	CM15-0040749		
Date Assigned:	03/10/2015	Date of Injury:	01/02/2013
Decision Date:	04/14/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/03/2015

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: California

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 47 year old male, who sustained an industrial injury on 1/02/2013. The mechanism of injury was not noted. The injured worker was diagnosed as having osteoarthritis and elbow pain. Treatment to date has included conservative measures. A computerized tomography with 3D reconstruction of bilateral elbows, dated 8/06/2014, was submitted. X-rays of both wrists were referenced. A computerized tomography of the bilateral upper extremities, dated 10/08/2014, was submitted. Currently (11/19/2014), the injured worker complains of not being able to do things, like push up (pointing to right lateral side). He also reported decreased grip strength and numbness in his ulnar distribution. Physical exam noted positive Tinel's. Range of motion was full extension, with lack of 15 or 30 degrees of flexion, noting the biggest issue when elbows were neutral. Tenderness over his radiocapitellar joint and radial head was noted. Decreased sensation in his ulnar distribution was noted, along with weakness in his flexor carpi ulnaris, and flexor digitorum profundus to small finger was weaker than the index. Current medications were not noted. A diagnostic assessment form, dated 10/08/2014, noted prior surgery for carpal tunnel release and ulnar nerve displacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation for Left Wrist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7 Independent Medical Examinations and Consultation, 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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for consultation, California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, there is documentation of ongoing complaints, positive exam findings, and functional deficits. Consultation with a specialist is appropriate to determine if there are additional treatment options likely to improve the function of the patient's wrist. In light of the above, the currently requested consultation is medically necessary.