

Case Number:	CM15-0046821		
Date Assigned:	03/19/2015	Date of Injury:	04/30/2013
Decision Date:	09/28/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/12/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 52-year-old female, who sustained an industrial injury on 4-30-2013. Diagnoses have included carpal tunnel syndrome and ankle-foot arthralgia. Treatment to date has included medication. According to the progress report dated 2-17-2015, the injured worker complained of left wrist weakness, swelling and limited range of motion. She also reported intermittent spontaneous swelling in her right ankle. She was status post right ankle arthroscopy with lateral ligament reconstructive surgery several years ago. Exam of the right ankle revealed mild anterior joint line tenderness. Exam of the bilateral wrists and hands revealed circumferential tenderness of the hands, wrists and forearms with mild, diffuse soft tissue swelling. Authorization was requested for referral to rheumatologist for consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Referral to rheumatologist for consultation as an outpatient: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

Decision rationale: Per the ACOEM: The health practitioner may refer to other specialist 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. A referral may be for 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient does not have a documented continued multi-joint pain that has failed to respond to the prescribe therapy. Therefore, criteria for a rheumatology consult have not been met and the request is medically necessary.