

Case Number:	CM15-0080264		
Date Assigned:	05/01/2015	Date of Injury:	02/18/2011
Decision Date:	06/01/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/27/2015

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: Preventive Medicine, Occupational 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 47-year-old male who sustained an industrial injury on 2/18/11. He has reported initial complaints of pain in the left shoulder and elbow after bumping the left elbow hard against a dry ice container trying to shovel. The diagnoses have included right lateral epicondylitis, left lateral epicondylitis and status post- surgery of the left elbow. Treatment to date has included medications, diagnostics, and surgery and activity modifications. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI), urine drug screen, x-rays, and electromyography (EMG)/nerve conduction velocity studies (NCV) upper extremities. Currently, as per the physician progress note dated 3/3/15, the injured worker complains of pain in the right and left elbows that increases with certain activities. He has seen the orthopedic surgeon who has ordered Magnetic Resonance Imaging (MRI) of the left shoulder and bilateral elbow. The injured worker is not taking medication at this time. He is to remain off work until 4/28/15. The physician requested treatments included 1 orthopedic surgical consultation - Follow-up visit with [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic surgical consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: This request appears to be an error in semantics by the requesting physician. This individual has been seen (consulted) by [REDACTED] an Orthopedic Surgeon. [REDACTED] ordered MRI studies that request for consultation and follow-up with [REDACTED] is all in the same sentence and appears to be the same request. MTUS Guidelines support the use of physician specialists when the problem is outside of the expertise of the primary treating physician. In this case, a follow visit with [REDACTED] is medically necessary, but a separate or new consultation would not be medically necessary and this does not appear to be the intent of the requesting physician.

Follow-up visit, #1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 207.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: MTUS Guidelines support the appropriate use of physician specialists. In this instance, there have been prior evaluations by [REDACTED] an Orthopedic Surgeon. He has ordered new tests and the request for follow up are to re-evaluate this individual in light of the new test results. This is consistent with Guidelines and quality medical practice. The follow up visit is medically necessary.