

Case Number:	CM15-0084906		
Date Assigned:	05/07/2015	Date of Injury:	05/09/2014
Decision Date:	08/11/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/04/2015

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 63 year old female who sustained an industrial injury on 5-9-14. Diagnoses are cubital tunnel syndrome, sprain carpal, and sprain other-wrist. In a progress report dated 4-16-15, a treating physician notes the injured worker is seen in follow up regarding the right hand. There is no pain about the snuffbox, there is slight pain about the scapholunate joint, lunotriquetral joint, pisiform, triangular fibrocartilage complex and the first carpometacarpal joint. The Watson test reveals no instability but there is pain with the test. The lunotriquetral shift test reveals 1+ instability and pain. Tinel's sign is positive left and right at the ulnar nerve at the elbow. The carpal compression test is positive bilaterally as is the elbow flexion test. She has complained of neurological symptoms for 2 years. The plan is for a consult and electro-myography and nerve conduction velocity study of the upper extremities. Work status is modified duty with restrictions. The requested treatment is a referral for a consultation with a neurologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient referral for consultation with a neurologist: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 has ongoing neurologic complaints despite multiple treatments and prescribed therapies. Therefore consult with neurology is medically necessary.