

Case Number:	CM15-0085363		
Date Assigned:	05/07/2015	Date of Injury:	10/13/2014
Decision Date:	06/12/2015	UR Denial Date:	04/21/2015
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: Texas, New York, 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 applicant is a represented 21-year-old who has filed a claim for chronic elbow pain reportedly associated with an industrial injury of October 13, 2014. In a Utilization Review report dated April 24, 2015, the claims administrator apparently denied an orthopedic consultation. The claims administrator referenced x-ray imaging of the elbow dated October 27, 2014, notable for a small avulsion type fracture near the medial ulna. Non-MTUS Chapter 7 ACOEM Guidelines were invoked in the determination, despite the fact that the MTUS addresses the topic. An April 8, 2015 progress note was also cited. The applicant's attorney subsequently appealed. In a progress note dated March 18, 2015, the applicant reported ongoing complaints of elbow pain, mild. Minimal tenderness was noted about the medial elbow. The applicant was asked to return to regular duty work and perform further physical therapy. On April 8, 2015, the attending provider stated that the applicant had residual elbow pain complaints. The applicant had apparently quit her job. The attending provider stated that the applicant's residual pain complaints were 'puzzling.' An orthopedic consultation was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM Chapter 7: Independent Medical Examinations and Consultations, pages 104-164.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 92.

Decision rationale: Yes, the proposed orthopedic consultation was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery. Here, the treating provider indicated on April 8, 2015 that he was, in fact, uncomfortable addressing the applicant's residual elbow pain complaint. The applicant apparently had issues with suspected or questionable ulnar fracture. Obtaining the added expertise of an orthopedic elbow surgeon was, thus, indicated to ascertain the source of the applicant's residual elbow pain complaints and associated delayed recovery. Therefore, the request was medically necessary.