MAXIMUS Federal Services

Case Number:	CM15-0086669		
Date Assigned:	05/08/2015	Date of Injury:	08/18/2009
Decision Date:	06/10/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/05/2015

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

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 42-year-old female, who sustained an industrial injury on 8/18/09. She reported initial complaints of right elbow. The injured worker was diagnosed as having wrist sprain/strain; carpal tunnel syndrome; rotator cuff syndrome; elbow sprain/strain; shoulder sprain/strain; trigger finger; insomnia. Treatment to date has included acupuncture; occupational therapy; steroid injections; status post right carpal tunnel release 2/2013; status post right elbow surgery (12/2011); urine drug screening; medications. Diagnostics included MRI right shoulder, right elbow and bilateral wrist (no date or report). Currently, the PR-2 notes dated 3/30/15 indicated the injured worker complains of bilateral wrist pain with a pain level of 7/10, right elbow pain 6-7/10, right shoulder pain 6-7/10, loss of sleep, anxiety, and depression. Objective findings are documented as tenderness in the wrist, elbow and shoulder with decreased range of motion in each. Other notes submitted indicate a MRI of the right shoulder, right elbow and bilateral wrist were done but there is no date or report submitted for review. An EMG/NCV study was requested bu not reported. His treatment plan requested medications Naprosyn 550mg, Prilosec 20mg and Ultram 150mg along with an Orthopedic consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho consult Qty: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7- Independent Medical Examinations and Consultations, page 127.

Decision rationale: Review indicates the patient has been deemed P&S for this chronic injury of 2009 with continued complaints of pain while under the care of pain management. Medical necessity has not been established nor has findings met criteria for surgical consult per MTUS Medical Treatment Guidelines. MTUS Guidelines clearly notes that injured workers must have clear clinical and imaging findings consistent with a surgical lesion to support for consultation. Submitted reports have not demonstrated any surgical lesion or indication for surgical consult when the patient is without red-flag conditions, or deteriorating function with limiting ADLs amenable to surgical intervention. Examination has no specific neurological deficits to render surgical treatment nor is there any diagnostic study with significant emergent surgical lesion or failed conservative care failure. The Ortho consult Qty: 1.00 is not medically necessary and appropriate.