

<b>Case Number:</b>	CM14-0116492		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	09/11/2008
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 48 year old male claimant with an industrial injury dated 09/11/08. MRI of the lumbar spine dated 05/05/14 provides evidence of bilateral spondylosis of L5 with no spondylolisthesis. Conservative treatments have includes an epidural injection, medication, and physical therapy as of 2013. Exam note 06/26/14 states the patient returns with right wrist pain, and right elbow pain. The patient reports numbness, stiffness, and tingling in both hands. Upon physical exam there is evidence of +3 tenderness to palpation surrounding the lateral elbow. The patient experience pain when completing the range of motion test of the right elbow and right wrist. The patient completed a postive Tinel's, Phalen's, and Finkelstein's test. The patient was diagnosed with right elbow sprain/strain, right cubital tunnel syndrome, right lateral epicondylitis, and right carpal tunnel syndrome. Treatment includes to see a hand specialist for the right elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hand Specialist Consultation - Right Elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

**Decision rationale:** Per the CA MTUS/ACOEM guidelines, Chapter 11, Forearm, Wrist and Hand Complaints, page 270, Referral for hand surgery consultation may be indicated for patients who: Have red flags of a serious nature; Fail to respond to conservative management, including worksite modifications; Have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention; Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and, especially, expectations is very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may aid in formulating a treatment plan. In this case the exam note from 6/26/14 does not demonstrate any evidence of red flag condition or clear lesion shown to benefit from surgical intervention. Therefore the request is not medically necessary.