

Case Number:	CM14-0161148		
Date Assigned:	10/06/2014	Date of Injury:	05/07/2014
Decision Date:	11/06/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	10/01/2014

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 Physical Medicine & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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:

The patient is a 39 year old with an injury date on 5/7/14. Patient complains of sever, intermittent, dull pain in the right forearm, right elbow, and moderate, sharp, intermiitent pain in the right supraspinatus area per 7/28/14 report. Patient has completed 10 sessions of physical therapy, DME is helping with symptoms, and patient is on light duty at work per 7/28/14 report. Based on the 7/28/14 progress report provided by [REDACTED] the diagnoses are: 1. s/s wrist/hand unspecified2. epicondylitis - lateral rightThe 7/21/14 report also lists diagnosis of: de quervain's tenosynovitis. Exam on 7/28/14 showed "full range of motion of right elbow. Right elbow has full range of motion. Resisted right wrist extension positive for right lateral epicondylitis. Bilateral upper extremity was normal in fingers hand and upper arm" Patient's treatment history includes physical therapy and MRIs. [REDACTED] is requesting hand specialist evaluation and treatment. The utilization review determination being challenged is dated 9/2/14 and denies request due to no current wrist/hand complaints. [REDACTED] is the requesting provider, and he provided treatment reports from 5/28/14to 8/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand specialist evaluation and treatment: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, and Hand Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Independent medical examination and consultations, Chapter 7, page 127.

Decision rationale: This patient presents with right forearm pain, right elbow pain, and right shoulder pain. The treater has asked for hand specialist evaluation and treatment on 7/28/14. Regarding consultations, ACOEM states that the occupational health practitioner may refer to other specialists 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. In this case, the patient presents with pain in the forearm, elbow, and shoulder, and a diagnosis of wrist/hand sprain. The requested hand specialist evaluation and treatment appears reasonable and can potentially move this case forward. Therefore, the request of hand specialist evaluation and treatment is medically necessary and appropriate.