

Case Number:	CM14-0215543		
Date Assigned:	01/05/2015	Date of Injury:	05/14/2004
Decision Date:	02/25/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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 & Rehabn

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 51 year old female with an injury date of 05/14/04. Based on the 11/06/14 progress report provided by treating physician, the patient is status post anterior cervical discectomy and fusion, date unspecified; and continues to complain of cervical spine and left elbow symptoms. Physical examination on 09/25/14 and 12/18/14 revealed limited range of motion to the cervical spine, painful shoulders with positive Impingement sign. Examination to the left elbow was positive for Tinel's and flexion tests. Patient had cervical epidural steroid injection to C4-5 on 07/02/14, for the diagnosis of cervical spine radiculitis and cervical spine post laminectomy syndrome, per operative report. Per progress report dated 11/06/14, treater is requesting "orthopedic evaluation for possible left elbow cubital tunnel release. Treatment was approved last year 2013." Patient is to remain off work, per treater report dated 11/06/14. Diagnosis 09/25/14, 11/06/14- status post anterior cervical discectomy- lumbar spine sprain/strain- right shoulder internal derangement- left cubital tunnel syndrome. The utilization review determination being challenged is dated 11/26/14. The rationale is "...no physical examination provided." Treatment reports were provided from 04/01/13 - 12/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consultation with hand/upper extremity specialist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127

Decision rationale: The patient is status post anterior cervical discectomy and fusion, date unspecified; and continues to complain of cervical spine and left elbow symptoms. The request is for orthopedic consultation with a hand and upper extremity specialist. Patient's diagnosis on 11/06/14 included left cubital tunnel syndrome. Patient had cervical epidural steroid injection to C4-5 on 07/02/14, for the diagnosis of cervical spine radiculitis and cervical spine post laminectomy syndrome, per operative report. Patient is to remain off work, per treater report dated 11/06/14. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "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." UR letter dated 11/26/14 states "...no physical examination provided." However, physical examination on 09/25/14 and 12/18/14 revealed limited range of motion to the cervical spine, painful shoulders with positive Impingement sign; and examination to the left elbow was positive for Tinel's and flexion tests. Per progress report dated 11/06/14, treater is requesting "orthopedic evaluation for possible left elbow cubital tunnel release. Treatment was approved last year 2013." Given continued symptoms and physical examination findings, the request appears reasonable and the patient would benefit from consult with orthopedic upper extremity specialist. Therefore, the request is medically necessary.