

Case Number:	CM15-0018087		
Date Assigned:	02/05/2015	Date of Injury:	01/31/2014
Decision Date:	03/26/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/29/2015

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: New Jersey, New York
Certification(s)/Specialty: Family Practice

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 49 year old male, who sustained an industrial injury on January 31, 2014. The diagnoses have included chronic pain syndrome, reflex sympathetic dystrophy, upper limb, shoulder pain hand pain and fasciitis unspec. Treatment to date has included oral pain medication. Currently, the injured worker complains of pain in left arm radiates to the left forearm. In a progress note dated January 8, 2015, the treating provider reports upper extremity with significant improvement in the left arm swelling and paresthesia with mild limitation of the left elbow. On January 6, 2015 Utilization Review non-certified a consult and treat with orthopedics for the right elbow, noting, Medical Treatment Utilization Schedule Guidelines American College of Occupational and Environmental Medicine was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult and treat with orthopedics for the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 47.

Decision rationale: As per the MTUS guidelines, referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty in obtaining information or agreement to treatment plan. Consultations are warranted if there are persistent symptoms, and unresolved radicular symptoms after receiving conservative treatment. The request for an orthopedic surgeon is not medically necessary at this time. The patient was prescribed physical therapy for his elbow complaints. A full trial of conservative therapy is warranted before referral for any intervention. Until his response to conservative treatment is evident, a referral to a specialist can be postponed. Therefore, the request is considered not medically necessary at this time.