

<b>Case Number:</b>	CM15-0123257		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	06/05/2013
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: Emergency Medicine

### 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 6/5/2013. The mechanism of injury was a cumulative injury. The injured worker was diagnosed as having left lateral epicondylitis and left ulnar neuropathy. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy, injections and medication management. In a progress note dated 6/4/2015, the injured worker complains of left arm weakness and pain. Physical examination showed left elbow pain with full extension and decreased range of motion. The treating physician is requesting multidisciplinary team evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Multidisciplinary Team Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Pg 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 3 Initial Approaches to Treatment Page(s): 1 and 92.

**Decision rationale:** As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. "Multidisciplinary team evaluation" is a non-specific request. It is unclear if this is for a work hardening program, a functional capacity evaluation, chronic pain program or some other unknown referral. The lack of specificity does not support the request for "Multidisciplinary team evaluation".