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| <b>Case Number:</b>   | CM15-0123581 |                              |            |
| <b>Date Assigned:</b> | 07/08/2015   | <b>Date of Injury:</b>       | 11/21/1997 |
| <b>Decision Date:</b> | 08/05/2015   | <b>UR Denial Date:</b>       | 06/19/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/29/2015 |

### 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, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 51 year-old female who sustained an industrial injury on 11/21/97. Initial symptoms, diagnoses, and treatments are not available. She underwent left carpal tunnel release 2011, left cubital tunnel release 2012, and right carpal tunnel release approximately 2004. Her current complaints are aching, constant, right elbow pain with weakness and difficulty gripping with the right hand; pain is rated as a 7 on a 10 point pain scale. Treatments to date include splinting, anti-inflammatory medications, and a steroid injection, which helped reduce the pain about 20%. Diagnostic tests include radiographic imaging, MRI and nerve studies. Current diagnoses include bilateral carpal tunnel syndrome, right lateral epicondylitis, right medial epicondylitis, and left ulnar nerve entrapment at elbow. Plan of care includes physical therapy, tennis elbow strap, and orthopedic consultation/treatment. The injured worker is currently under no work restrictions. Date of Utilization Review: 06/19/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 ortho consult and treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 2, 4, 34-35.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Assessing Red Flags and Indication for Immediate Referral, Chronic pain programs, early intervention Page(s): 171, 32-33.

**Decision rationale:** According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: "Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernible indication of at risk status is lost time from work of 4 to 6 weeks." (Mayer 2003). There is no documentation that the patient's response to pain therapy falls outside the expected range. The provider, in his progress report dated June 11, 2015, recommended 6 physical therapy sessions. In addition, there is no documentation of red flags indicating the need for an orthopedic consultation. A treatment cannot be requested without having the outcome of the consultation which is not well justified in this case. Therefore, the request for ortho consultation is not medically necessary at this time.