

Case Number:	CM15-0127822		
Date Assigned:	07/14/2015	Date of Injury:	11/19/2007
Decision Date:	08/11/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	07/01/2015

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: Preventive Medicine, Occupational 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(n) 37-year-old female, who sustained an industrial injury on 11/19/07. She reported pain in her neck, right forearm and right hand related to repetitive movements. The injured worker was diagnosed as having carpal tunnel syndrome and cubital tunnel syndrome. Treatment to date has included physical therapy, an EMG/NCS of the upper extremities, right shoulder decompression and right carpal tunnel release on 9/16/08, Norco, Topamax and Cyclobenzaprine. At the 2/3/15 visit, the injured worker's pain was 2-3/10. On 3/19/15, the injured worker rated her pain a 5/10. As of the PR2 dated 4/30/15, the injured worker reports persistent numbness and tingling of the right shoulder, elbow, wrist and hand. She rates her pain a 6/10. Objective findings include a positive Tinel's at the right elbow and wrist, a positive Adson's test in the neck on the right and a positive Speed test in the right shoulder. The treating physician requested a second opinion neurological consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

2nd Opinion Neurological Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78, 79, 90.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, the physician is requesting a second opinion from a neurologist to ensure that the topomax medication the injured worker is taking is appropriate. There is no discussion in the available documentation of the efficacy or side effects of the topamax medication. Without this information, the necessity of the referral cannot be determined. The request for 2nd opinion neurological consultation is determined to not be medically necessary.