

Case Number:	CM15-0043749		
Date Assigned:	03/13/2015	Date of Injury:	11/27/2013
Decision Date:	06/10/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/09/2015

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: North Carolina

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 62 year old female, who sustained an industrial injury on November 27, 2013. She reported left shoulder, left wrist and low back pain. The injured worker was diagnosed as having left shoulder strain, lumbar strain, left wrist sprain and status post digit fusion of the left hand. Treatment to date has included diagnostic studies, radiographic imaging, surgical interventions prior to the industrial injury, conservative care, medications and work restrictions. Currently, the injured worker complains of left shoulder, left wrist and low back pain with associated decreased sensations of the right lower extremity. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. It was noted she had been treated with multiple surgical interventions for previous injuries. It was noted she holds her left upper extremity in a flexed position against her upper body. Evaluation on November 10, 2014, revealed continued pain as noted. It was reported she developed worsening shoulder symptoms by compensating for the hand pain. Atrophy of the left forearm and loss of strength in the left upper extremity was noted. Evaluation on February 23, 2015, revealed continued pain as noted. Orthopedic evaluation of the left upper extremity was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho extremity evaluation for the left upper extremity as an outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

Decision rationale: Per the ACOEM: The health practitioner may refer to other specialist 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. A referral may be for 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient has ongoing upper extremity pain despite conservative therapy. The referral for an orthopedic specialist would thus be medically necessary and approved.