

Case Number:	CM15-0047605		
Date Assigned:	03/19/2015	Date of Injury:	10/02/2013
Decision Date:	05/28/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/12/2015

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: Orthopedic Surgery

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 female patient who sustained an industrial injury on 10/02/2013. A primary treating office visit dated 02/02/2015 described pending authorization for a consultation, and to undergo a Gadolinium enhanced magnetic resonance imaging, and further surgical treatment for the right carpal tunnel syndrome. The patient still reports subjective complaint of right shoulder pain that is aggravated with activities, but improving. In addition, she complains of right elbow pain, right wrist pain, and intermittent paresthesias to right hand. A primary treating office visit dated 11/17/2014 reported no change in subjective complaint. The plan of care remained the same to involve pending authorization for a Gadolinium magnetic resonance imaging study, and a consultation. Another follow up primary visit dated 10/13/2014 reported the patient being released to do modified work duty, but with no accommodation from the employer. She is temporary totally disabled for 4 weeks. The plan of care is unchanged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 127.

Decision rationale: Per the CA MTUS ACOEM 2004, Chapter 3, page 127 states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case the records from 10/13/14 or 2/2/15 does not demonstrate any objective evidence or failure of conservative care to warrant a specialist referral. Therefore the request is not medically necessary.