

Case Number:	CM15-0061072		
Date Assigned:	04/07/2015	Date of Injury:	02/26/2013
Decision Date:	05/11/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/31/2015

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, Indiana, Oregon
 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 52-year-old female, who sustained an industrial injury on 2/26/2013. Diagnoses include left carpal tunnel syndrome and ulnar nerve, symptomatic, left shoulder impingement, transmandibular joint (TMJ) complaints and depression. Treatment to date has included diagnostic testing that includes EMG (electromyography)/NCV (nerve conduction studies), and medications and bracing. Per the Primary Treating Physician's Progress Report dated 2/07/2015, the injured worker reported numbness of the left hand, pain in her left elbow and shoulder, depression and TMJ complaints. Physical examination revealed a positive elbow flexion test, Tinel's sign and Phalen's sign. There was restricted range of motion of the left shoulder with impingement test and she has weakness with gripping. The plan of care included surgical intervention and specialist referrals and authorization was requested for ulnar release of the left elbow, carpal tunnel release of the left wrist, and consultations with an ear, nose throat (ENT) specialist and a TMJ specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with an ENT Specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127.

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 indicate an approval for a TMJ orthotic on 5/16/14. The diagnosis is apparently clear to the prescriber who has the expertise to treat the condition. There is no indication as to why a second opinion should be considered; therefore, the request is not medically necessary.

Consultation with a TMJ Specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127.

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 indicate an approval for a TMJ orthotic on 5/16/14. The diagnosis is apparently clear to the prescriber who has the expertise to treat the condition. There is no indication as to why a second opinion should be considered; therefore, the request is not medically necessary.