

<b>Case Number:</b>	CM15-0068291		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	08/23/2010
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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, New York  
Certification(s)/Specialty: Internal 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 52-year-old female, who sustained an industrial injury on 08/23/2010. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having ankylosis of the knee, chronic intractable left knee pain, reflex sympathetic dystrophy, shoulder impingement, complex regional pain syndrome, and pain in the joint involving the wrist. Treatment to date has included electromyogram, use of a knee brace, medication regimen, and use of a single point cane. In a progress note dated 03/05/2015 the treating physician reports complaints of ongoing right wrist pain. The treating physician requested an evaluation with an orthopedic upper extremity specialist due to carpal tunnel syndrome of the right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic specialty evaluation for the right upper extremity:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7, Pages 127-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Office Visits.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines referral orthopedist specialist evaluation right extremity is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates, for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are ankylosis of knee; pain in joint involving wrist; reflex sympathetic dystrophy; shoulder impingement; and knee pain. A progress note dated February 19, 2015 does not contain subjective or objective findings referable to the upper extremity (right). The treatment plan references a consultation to an upper extremity specialist. The request for authorization is dated March 5, 2015. In a progress note dated April 2, 2015 (four weeks after the request for authorization), objectively, the injured worker complains of right wrist pain and numbness. Objectively, the right wrist is in a brace. There is pain with motion but minimal restriction. Possible Tinel's at carpal tunnel. There is no additional treatment/workup including physical therapy, electrodiagnostic studies, magnetic resonance imaging scan. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. There is no clinical rationale for a consultation (at this point in time) pending additional workup and treatment for the affected wrist. The request for authorization is dated March 5, 2015, approximately 4 weeks after the April 2, 2015 progress note. There were no subjective or objective findings noted in the medical record. Consequently, absent clinical documentation with additional workup (MRI, electrodiagnostic studies) and conservative measures to date, referral orthopedist specialist evaluation right extremity is not medically necessary.