

Case Number:	CM15-0070184		
Date Assigned:	04/17/2015	Date of Injury:	01/24/2009
Decision Date:	05/18/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/13/2015

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: Emergency 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:

This 42 year old woman sustained an industrial injury on 1/24/2009. The mechanism of injury is not detailed. Evaluations include left wrist, left elbow, and left shoulder x-rays. Diagnoses include right shoulder impingement, right forearm flexor extensor tendinitis, right wrist strain/sprain and right elbow lateral epicondylitis. Treatment has included oral medications, injections, and surgical intervention. Physician notes dated 2/3/2015 show complaints of left wrist, elbow, forearm, and shoulder pain with numbness and tingling in the fingers. Future medical care should include two to three visits per year for recurrent symptoms, non-steroid anti-inflammatory medications, further surgical intervention to the right wrist may be needed, right wrist MRI, and cortisone injection to the de Quervain's aspect of the right wrist. Utilization review report dated 4/2/15 reported that discussion with provider was achieved. Consult was for a second opinion because there was no change in patient's pain despite multiple surgeries and procedures and there was "nothing left to offer the patient". UR report states that agreement was achieved in recommending that patient see pain management and not hand specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second opinion consult for right wrist/ elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Code of Regulations, Title 8, Effective July 18, 2009. Decision based on Non-MTUS Citation ACOEM chapter 7 - Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 3 Initial Approaches to Treatment Page(s): 1 and 92.

Decision rationale: As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. There is no appropriate rationale for consult. There is no more reported plan for surgical or procedural intervention that would require a hand specialist. The rationale documented in UR report is not an appropriate use of a hand specialist consultant. Consultation with hand specialist for second opinion is not medically necessary.