

Case Number:	CM15-0074934		
Date Assigned:	04/24/2015	Date of Injury:	03/04/2013
Decision Date:	06/03/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/20/2015

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: Florida, New York, Pennsylvania
 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 49-year-old female, who sustained an industrial injury on 03/04/2013. She has reported injury to the right shoulder and right upper extremity. The diagnoses have included right shoulder tendinitis/bursitis, possible rotator cuff tear; right wrist tendinitis/bursitis, rule out carpal tunnel syndrome; and right elbow lateral epicondylitis. Treatment to date has included medications, diagnostics, and activity modification. Medications have included Baclofen, Ibuprofen, Relafen, Ambien, and Prilosec. A progress note from the treating physician, dated 11/13/2014, documented a follow-up visit with the injured worker. Currently, the injured worker complains of right shoulder pain and weakness; pain of the lateral aspect of the right elbow; and significant right hand and wrist pain with numbness and tingling in the thumb, index, and long fingers of the right hand. Objective findings included marked pain elicited to palpation over the anterior aspect of the shoulder; range of motion is slightly decreased and limited; impingement tests are positive; and significant tenderness over the lateral epicondyle and dorsal aspect of the right wrist. The treatment plan has included the request for outpatient follow-up consultation to orthopedic for review of MRI and Electromyography/Nerve Conduction Velocity Test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Follow Up Consultation to orthopedic for review of MRI and Electromyography/Nerve Conduction Velocity Test: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

Decision rationale: The PTP [REDACTED] had placed a request 8Sep14 for an orthopedic consultation. Per the ACOEM, surgical consultation is appropriate in the situation of persistent disability in the face of conservative management. The patient had chosen to be seen by [REDACTED] at the [REDACTED]. The initial evaluation was accomplished 13Nov14. At the end of the evaluation, the orthopedist indicated that additional evaluations needed to be accomplished and the results reviewed by him before he could complete his consultation. After reviewing the results, the orthopedist felt that he would be able to provide a recommended course of action and treatment plan. The insurer chose to authorize the requested MRI and EMG. On completion of the investigations, the consultant orthopedist needed to review the results to complete his evaluation. It would appear that the request by the PTP for the consultant review was to ensure authorization to complete the requested orthopedic consult. This was not a request to "interpret" the results but to review the results in the context of the consultant's previous history and physical examination to complete his evaluation and offer an opinion as to a reasonable course of action and treatment plan. The UR decision cannot be supported. The request to authorize the review is supported. Therefore, the request is medically necessary.