

<b>Case Number:</b>	CM15-0098979		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	04/18/2013
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 62-year-old [REDACTED] employee who has filed a claim for chronic elbow pain reportedly associated with an industrial injury of April 18, 2013. In a Utilization Review report dated April 29, 2015, the claims administrator failed to approve requests for a follow-up visit with an upper extremity surgeon and a pain management physician. A progress note dated March 26, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On April 8, 2015, the applicant reported ongoing complaints of elbow, wrist, and hand pain. The note was very difficult to follow and employed preprinted checkboxes. A follow-up visit with a pain management physician and a consultation with an upper extremity surgeon were endorsed. Extracorporeal shockwave therapy had apparently been performed, without success. The applicant was apparently given work restrictions of some kind. In a March 4, 2015 progress note, it was stated that the applicant was working despite multifocal pain complaints. An ergonomic evaluation was suggested. Ongoing complaints of elbow, wrist, and hand pain were reported. The applicant attributed his symptoms to ongoing issues with cumulative trauma at work. The applicant's medication list was not detailed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Upper extremity surgeon follow up with [REDACTED]: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**Decision rationale:** Yes, the proposed upper extremity surgeon follow-up visit was medically necessary, medically appropriate, and indicated here. As noted on page 79 of the ACOEM Practice Guidelines, frequent follow-up visits are "often warranted" even in those applicants whose symptoms are not expected to change appreciably from visit to visit. Here, the applicant had ongoing, longstanding elbow, hand, and wrist pain complaints with associated dysesthesias about the digits. Conservative treatment in the form of time, medications, physical therapy, and ergonomic evaluation, etc., had failed to alleviate the applicant's pain complaints altogether. Obtaining a follow-up visit with an upper extremity surgeon was, thus, indicated to determine what other treatments could be offered to the applicant. Therefore, the request was medically necessary.

**Pain management follow up with [REDACTED] for DOS 3/26/15:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**Decision rationale:** Similarly, the request for a pain management follow-up visit was likewise medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 79, frequent follow-up visits are "often warranted" in order to provide structure and reassurance even in those applicants whose conditions are not expected to change appreciably from visit to visit or week to week. Here, the applicant had ongoing, longstanding, multifocal pain complaints. Obtaining a follow-up visit with a pain management physician specializing in chronic pain was, thus, indicated, on several levels, including, potentially, for medication management purposes. Therefore, the request was medically necessary.