

Case Number:	CM13-0032643		
Date Assigned:	01/15/2014	Date of Injury:	06/01/2012
Decision Date:	03/28/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 [REDACTED] employee, who has filed a claim for elbow, forearm, and wrist pain reportedly associated with an industrial injury of June 1, 2012. Thus far, the applicant has been treated with the following: Analgesic medications, electrodiagnostic testing of July 25, 2013, notable for multiple neuropathies and bilateral ulnar neuropathies; an ergonomic evaluation, and unspecified amounts of physical therapy over the life of the claim. She has been diagnosed with chronic repetitive strains of the arm and wrist with underlying non-industrial neuropathy. She is presently working. In an August 28, 2013, progress note, the attending provider seeks authorization for genetic testing, neurologic consultation, hand surgery consultation, Motrin, a smart glove for the wrist and hand, and a right elbow/forearm support. The applicant is given diagnosis of ulnar neuropathy of the right elbow and carpal tunnel syndrome, bilateral. She reportedly has a positive Tinel sign at the elbow and does have symptoms of pain and paresthesias about the same. In a September 12, 2013 progress note, the attending provider states that the applicant should place her mouse in different positions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brace/Splint or Support, Right Forearm: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section on Elbow Splinting.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 45.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines on Elbow Complaints, Table 5, page 45, elbow padding such as the forearm splint being proposed here is "recommended" for the treatment of ulnar nerve entrapment/cubital tunnel syndrome, the diagnosis reportedly present here. In this case, the applicant does have clinically evident, electrodiagnostically-confirmed cubital tunnel syndrome. Elbow padding or supports are indicated in the treatment of the same, per ACOEM. Therefore, the original utilization review decision is overturned. The request is certified.