MAXIMUS Federal Services

Case Number:	CM13-0039208		
Date Assigned:	12/18/2013	Date of Injury:	10/04/2010
Decision Date:	02/24/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	10/03/2013

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 38 year old with a DOI between 9/1/04-9/29/10. Patient has ongoing pain from injuries to her neck, head, left shoulder and elbow, upper and mid back. The following diagnoses have been given; Cubital tunnel syndrome, epicondylitis, cervical radiculopathy, sprain/strain shoulder, sprain/strain thoracic spine, sprain/strain hand. Patient had undergone physical therapy and chiropractic care. Medications include Tylenol, Anaprox, Flexeril, and tramadol for pain. Patient underwent surgery for ulnar nerve release on11/6/12. Medical imaging included a left shoulder MRI which was normal, cervical spine x-rays that were normal, and MRI of the left elbow that showed transition of the ulnar nerve and mild nerve enlargement. EMG and NCS of the upper extremity showed evidence for mild left median neuropathy at the wrist and left ulnar neuropathy at the elbow. Subjective complaints are stiffness in her neck, pain in shoulders, upper and mid back, and continued pain in her left elbow. Documents show that neck discomfort has improved with chiropractic care, and tramadol has helped her headaches. Physical exam shows that head and neck movements are unguarded with some decreased range of motion to the left. No paraspinal spasm was noted. Compression and traction tests were negative. Motor and sensory exam are normal. Elbow exam shows mild decrease in range of motion and improving sensation in her 4-5th fingers. Patient has an elbow night brace and had an elbow protector than irritated her skin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stat-A-Dyne elbow ROM device, left elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Elbow Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ELBOW, ELBOW BRACE

Decision rationale: CA MTUS is silent on this request. ODG supports the use of a mechanical device for up to 8 weeks for joint stiffness caused by immobilization, established contractures when passive ROM is restricted, or healing soft tissue that can benefit from constant low-intensity tension. Medical records do not document established contractures or significant decreased ROM. Patient also is 15 months s/p surgery and any protection for soft tissue healing would not be necessary. It is also documented that patient uses a night brace and had previously used an elbow protector without benefit. Therefore the medical necessity of the Stat-o-dyne ROM device is not established.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: CA MTUS supports imaging studies with red flag conditions, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, clarification of anatomy prior to procedure and definitive neurologic findings on physical examination, or electrodiagnostic studies. The medical records do not demonstrate any red flag conditions, EMG/NCS did not identify any nerve root pathology, and patient's neck symptoms appear to be minimal without specific nerve compromise identified. Therefore the medical necessity of a cervical spine MRI is not established.