

Case Number:	CM14-0000879		
Date Assigned:	01/22/2014	Date of Injury:	12/23/2004
Decision Date:	06/06/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/02/2014

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. The expert reviewer is Board Certified in Neurosurgery and is licensed to practice in: Texas, New Mexico, Maryland, New York, California Colorado, Georgia, Louisiana, Minnesota, Missouri, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Virginia, Nevada, Illinois, and Kentucky. 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/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 patient is a 45 year old male whose date of injury is 12/23/04. The patient struck his left elbow on a piece of metal and had sudden onset of left elbow pain. Agreed medical examination dated 04/12/06 indicates that diagnoses are complex regional pain syndrome right upper extremity; status post right elbow contusion and right ulnar nerve neurolysis and submuscular transposition; and persistent right ulnar neuropathy. Note dated 04/17/07 indicates that the patient is status post right ulnar nerve decompression with neurolysis and submuscular transposition x 2. The patient has subsequently undergone stellate ganglion blocks which have been marginally beneficial. Future medical care is recommended to include home exercise and conditioning program. The patient was provided 19% whole person impairment. Qualified medical examination dated 12/09/10 indicates that the patient underwent spinal cord stimulator placement in January 2010 which was unsuccessful and the unit was removed. Neurosurgical re-evaluation dated 11/07/13 indicates that the patient presents with severe neck pain that radiates into the right hand with associated weakness and numbness sensation of the right hand. The patient has reportedly been authorized to undergo an operation to decompress the right brachial plexus and the ulnar nerve.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 DAYS USE OF VASCUTHERM COLD COMPRESSIONS WITH DVT PREVENTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 596.

Decision rationale: Based on the clinical information provided, the request for 30 days use of Vascutherm cold compressions with DVT prevention is not recommended as medically necessary. The submitted records indicate that the patient was authorized for decompression of the right brachial plexus and the ulnar nerve. ACOEM Elbow Disorders indicates that only one quality study is available on cryotherapy, and benefits have not been shown. ACOEM reports that at-home applications of heat or cold packs are recommended. The request is non certified.

ONE PAD FOR UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 596.

Decision rationale: Based on the clinical information provided, the request for one pad for unit is not recommended as medically necessary. Given that the requested cold compression unit is not certified, the request for one pad for the unit is also not considered medically necessary.