

Case Number:	CM14-0013521		
Date Assigned:	02/26/2014	Date of Injury:	03/10/2011
Decision Date:	06/26/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/03/2014

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 Orthopaedic Surgery 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 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 27-year-old female call center pharmacy assistant sustained an industrial injury on 3/10/11. She was diagnosed with right medial epicondylitis, right ulnar nerve injury, brachial neuritis, and neuralgia. The 5/24/13 nerve conduction study findings were abnormal in a pattern consistent with a right cubital tunnel syndrome and right ulnar neuropathy with a possible radiculopathy. The patient underwent right elbow cubital tunnel release and ulnar nerve transposition on 1/15/14 with placement of a posterior plaster splint. A request was submitted for post-operative shoulder immobilizer and cold therapy unit. The 1/20/14 utilization review denied the requests for post-op shoulder immobilizer and cold therapy unit based on an absence of guidelines recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

SHOULDER IMMOBILIZER FOR POST OPERATIVE CUBITAL TUNNEL SURGERY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: Mackinnon, SE, Novak, CB. Nerve Injury and Recovery. Washington University School of Medicine, St. Louis Missouri, Marcy 2001

Decision rationale: Under consideration is a request for shoulder immobilizer for post-operative cubital tunnel surgery. The California MTUS and Official Disability Guidelines are silent regarding shoulder immobilizers status post cubital tunnel surgery. Standard of care would generally dictate immobilization in an elbow splint for 2 to 3 weeks following a nerve repair, nerve graft, or nerve transfer. In cases of a brachial plexus reconstruction, a shoulder immobilizer may be used to protect the repair. There is no indication in the operative report that brachial plexus reconstruction was required. There is no compelling reason to support the medical necessity of a shoulder immobilizer for this patient. An elbow splint was placed at the time of surgery. Therefore, this request for a shoulder immobilizer is not medically necessary.

COLD THERAPY UNIT FOR POST OPERATIVE CUBITAL TUNNEL SURGERY:
Upheld

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

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

Decision rationale: Under consideration is a request for cold therapy unit. The California MTUS guidelines are silent on the use of cold in chronic elbow injuries. The Official Disability Guidelines recommend at home applications of cold packs. Continuous flow cryotherapy is not addressed in the elbow. There is no compelling reason to support the medical necessity of a cold therapy unit over a standard cold pack. Therefore, this request cold therapy unit for post-operative cubital tunnel surgery is not medically necessary and appropriate.