

Case Number:	CM14-0122597		
Date Assigned:	08/06/2014	Date of Injury:	08/20/2013
Decision Date:	09/11/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/04/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 54-year-old female who reported an injury on 08/20/2013. The mechanism of injury was not provided. The diagnoses included ulnar neuritis in elbow, possible recurrent electronegative carpal tunnel syndrome and evidence of tendinitis right shoulder. Past treatments included conservative care. Past surgical history included bilateral carpal tunnel release and bilateral knee de Quervain's release. The note on 06/27/2014 was handwritten and hard to decipher. The patient was seen on 06/27/2014 for radicular neck pain. The pain was on the right side with decreased strength and decreased range of motion. Another provider recommended an elbow wrap. Upon exam the injured worker was found to have positive numbness and tingling, decreased range of motion, a positive Tinel's, and a positive trap spasm, positive paraspinals spasm and a positive decreased sensation. The treatment plan is for a Pil-O-Splint elbow wrap for right elbow. The rationale was not provided. The Request for Authorization was dated 07/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pil-O-Splint for the right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM <http://www.acoempracguides.org>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Durable medical equipment (DME).

Decision rationale: The request for Pil-O-Splint for the right elbow is non-certified. The injured worker has a history of pain to the right elbow. The Official Disability Guidelines recommend splinting for carpal tunnel syndrome, ulnar nerve entrapment, including a splint or foam elbow pad worn at night to limit movement and reduce irritation and/or an elbow pad to protect against chronic irritation from hard surfaces. If used, bracing or splinting is recommended only as short term initial treatment for lateral epicondylitis in combination with physical therapy. There is lack of documentation the injured worker has epicondylitis. There is no medical necessity for an elbow wrap for the right elbow and this time. As such, the request is non-certified.