

Case Number:	CM14-0128409		
Date Assigned:	08/15/2014	Date of Injury:	06/05/2013
Decision Date:	09/16/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/12/2014

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 and Rehabilitation and is licensed to practice in Texas. 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 56 year old male who reported an injury to his low back and right elbow on 06/05/13. A clinical note dated 07/07/14 indicated the injured worker complaining of left wrist, shoulder, hand, right shoulder, elbow, and abdominal pain. The injured worker reported numbness and tingling throughout the right upper extremity and intermittent low back pain rated 6-8/10. The initial injury occurred when he fell off a ladder approximately three feet resulting in pain at several sites. Upon exam, the injured worker demonstrated 35 degrees of lumbar flexion, 15 degrees of extension and right side flexion right lateral flexion, and 20 degrees of left lateral flexion. The injured worker demonstrated 60 degrees of right elbow pronation and supination. Strength was 2+/5 at the right elbow. The injured worker utilized tramadol for pain relief. The utilization review dated 08/06/14 resulted in denial as no information was submitted regarding post-operative needs involving the low back or non-displaced radial head fracture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right elbow support for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)11th edition (web), 2014, low back and elbow, supports.

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

Decision rationale: The injured worker complained of right elbow pain with associated range of motion deficits. The use of a brace at the elbow is recommended for findings consistent with cubital tunnel syndrome. No information was submitted regarding cubital tunnel entrapment. No significant findings were identified consistent with cubital tunnel syndrome. Without this information in place the request for elbow brace is not indicated as medically necessary.

Lumbar support orthotics back support for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 11th edition(web), low back and elbow, supports.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Lumbar supports.

Decision rationale: The request for lumbar support orthotic back support is not medically necessary. Lumbar orthotic support is indicated in the post-operative setting following a fusion surgery. No information was submitted regarding recent operative procedures involving the lumbar spine. Given this, the request is not indicated as medically necessary.