

Case Number:	CM14-0133209		
Date Assigned:	08/22/2014	Date of Injury:	12/28/2012
Decision Date:	10/01/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/20/2014

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, Pain Medicine 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 injured worker is a female who reported an injury on 02/28/2013 due to cumulative trauma. The date of birth was not disclosed. On 03/19/2014, the injured worker presented with complaints related to the right shoulder and neck. Diagnoses were chronic cervical sprain, internal derangement of the right shoulder associated with full thickness rotator cuff tear per ultrasound, persistent right carpal tunnel syndrome symptomatology, status post carpal tunnel release, and dynamic carpal tunnel syndrome bilaterally. Upon examination, there was mild weakness in all planes of motion of the right shoulder; decreased sensation in the right thumb, index, and right middle finger; and asurgical scar on the right palm. A cervical spine x-ray revealed straightening of the cervical lordosis. There was a positive nerve conductive velocity study for the median nerve, neuropathy of the left wrist, and an abnormal ultrasound of the right shoulder. Prior therapy included medications. The provider recommended a retrospective heel bow for the right elbow; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Heel Bow for Right Elbow: 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): 5-7.

Decision rationale: The request for a retrospective heel bow for the right elbow is not medically necessary. The California MTUS/ACOEM Guidelines state in general, immobilization should be avoided. An exception is immediately after surgery for when brief immobilization may be required. Wrist splinting is sometimes utilized; however, some experts believe splinting potentially contributes to elbow pain. As the guidelines state immobilization should be avoided, a retrospective heel bow for the right elbow is not medically indicated. As such, the medical necessity has not been established.