

Case Number:	CM14-0171625		
Date Assigned:	10/23/2014	Date of Injury:	01/10/2013
Decision Date:	12/03/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/17/2014

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 Orthopedic Surgery, and is licensed to practice in New York. 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 has a date of injury of January 10, 2013. The patient was diagnosed with wrist sprain, medial and lateral epicondylitis of the elbow. The patient had surgery for left cubital tunnel release on September 12, 2014. Neurophysiologic testing on September 9, 2013 show a left-sided cervical radiculopathy involving C7 and C8 nerve roots. Postoperative physical examination does not document the medical records. There is no documented postoperative imaging or physical therapy following the patient's left tubercle tunnel release surgery. The surgery was performed on September 12, 2014. At issue is whether additional postoperative care is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q Tech cold therapy rental for 7 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow Official Disability Guidelines, Shoulder

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: ODG elbow chapter

Decision rationale: Medical literature does not support the use of a cold therapy unit and a home rehab kit after cubital tunnel release surgery. There is no medical literature that demonstrates improved results in functional outcomes with the use of these postoperative modalities after cubital tunnel surgery. The standard of care is to use ice packs to decrease swelling at the surgery.

Optimum home rehab kit purchase: 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: ODG elbow chapter

Decision rationale: In addition, medical records do not document substantial postoperative complaints or postoperative treatment. There is no documentation of an exercise program. This patient does not require the use of a home rehab kit and this is not supported by medical literature to improve outcomes if the elbow surgery.

Half arm wrap 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, Elbow

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: odg elbow chapter

Decision rationale: Medical literature does not support the use of a half arm wrap after elbow cubital tunnel surgery. There is no documentation the medical records as why the patient cannot have the standard postoperative elbow dressing. There is no documentation that the conventional elbow postsurgical dressing cannot be used.

Universal therapy wrap rental for 7 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines,

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: Odg elbow chapter

Decision rationale: The medical literature does not support the use of the universal therapy wrap after elbow cubital tunnel surgery. There is no documentation that this device improve

outcomes after elbow cubital tunnel surgery. This device is not medically necessary and has not been shown to improve outcomes after cubital tunnel surgery.