

Case Number:	CM14-0032543		
Date Assigned:	04/11/2014	Date of Injury:	11/15/2006
Decision Date:	07/16/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/10/2014

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 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:

42 year old claimant with industrial injury 11/15/06. Exam note from 4/1/14 demonstrates report of bilateral elbow pain, bilateral wrist/hand pain with numbness and paresthesias in the right ulnar forearm and ulnar hand. Agreed medical examination from 2/24/14 demonstrates no evidence of tenderness at the right medical epicondyle. Negative Tinel's at the elbow on the right. Report of no electrodiagnostic evidence of right cubital tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE SPLINT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

POST - OPERATIVE 6 MONTH RENTAL OF TENS UNIT - RIGHT ELBOW: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: A concurrent right elbow surgical procedure has been requested and determined to be not medically necessary and non-certified. As the surgical procedure is non certified, the request for a 6 month rental of TENS unit for the right elbow is non certified.