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| Case Number: | CM14-0059466 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 12/06/2011 |
| Decision Date: | 09/05/2014 | UR Denial Date: | 04/15/2014 |
| Priority: | Standard | Application Received: | 04/30/2014 |

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 Occupational 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 patient is a 43 year-old female with date of injury 12/08/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/29/2014, lists subjective complaints as pain in the neck, upper back, both shoulders, both elbows, wrists and hands. Objective findings include examination of the left elbow revealed tenderness along the ulnar nerve with possible hyperflexion test. There is tenderness along the cervical facets with facet loading being positive. Patient has difficulty raising her arm past 70 degrees on the right side. Diagnosis: 1. Degenerative cervical condition with magnetic resonance imaging (MRI) showing disc disease at C4-5 with radiculitis noted 2. Upper thoracic strain with no workup 3. Impingement syndrome of shoulder bilaterally status post decompression, rotator cuff repair and distal clavicle excision on the right 4. Impingement syndrome, left shoulder 5. Brachial plexus neuritis 6. epicondylitis medially and laterally, bilaterally 7. Ulnar neuritis, bilaterally 8. Median nerve neuritis, bilaterally 9. Carpometacarpal (CMC) joint inflammation, bilaterally 10. Depression, sexual dysfunction, sleep disorder, and headaches. Previous treatment has included physical therapy, transcutaneous electrical nerve stimulation (TENS), biofeedback, individual psychotherapy, bracing and right shoulder arthroscopy for a rotator cuff repair on 02/20/2014. In regard to that the requested hinged elbow brace, the presumptive diagnosis is ulnar neuritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

HINGED BRACE LEFT ELBOW: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross Clinical UM Guideline, Durable Medical Equipment, Guideline #: CG-DME-10, Last Review Date: 02/13/2014.

Decision rationale: The medical record currently lacks both the history and physical signs and symptoms indicative of ulnar neuritis. According to the Blue Cross Clinical Guideline, the medical chart should include the individual's diagnosis and other pertinent functional information including, but not limited to, duration of the individual's condition, clinical course (static, progressively worsening, or improving), prognosis, nature and extent of functional limitations, other therapeutic interventions and results, past experience with related items, etc. in addition, non-approved items includes an additional feature or accessory, or is a non-standard or deluxe item that is primarily for the comfort and convenience of the individual (e.g., customized options on wheelchairs, hand controls to drive, electric vehicle lifts for wheelchairs, etc.). In this case, a simple splint will suffice.