

Case Number:	CM14-0064372		
Date Assigned:	07/11/2014	Date of Injury:	12/01/2005
Decision Date:	09/09/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/07/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine 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 55 year old female was injured on 12/01/2005 . The injury is believed to be caused by repetitive trauma. She complains of bilateral extremity pain. The pain is 8/10, associated with numbness and tingling in her hands. Also, she drops things due to weakness in her hands. She had surgeries in both shoulders and physical therapy. So far, She had been treated at various times with Norco, Soma, Percocet, Naproxen, Lidoderm Patch, Omeprazole and Ambien. The physical examination showed well healed scars in both shoulders; limitation of range of motion in both shoulders. The right elbow was tender to touch but had normal range of movement. The right wrist had a well healed scar, while the two wrists demonstrated positive Phalen's Test. Tine's Test was positive in the right wrist, but negative in the left wrist. MRI of both shoulders, done on 03/04/ 2011 revealed rotator cuff tears. The injured worker's diagnosis include bilateral wrist and forearm tendonitis; bilateral carpal tunnel syndrome, status carpal tunnel release in 11/2007 with positive symptomatology; Shoulder impingement; rotator cuff tear; tendonitis long head of biceps right, and gastrointestinal upset due to use of medication. In dispute are the doctors request for Ortho-Stim IV Unit, and Left Elbow Brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

OrthoStim IV Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: Transcutaneous electrical neurostimulation is not recommended by the MTUS as a method of treating hand, wrist, or forearm conditions

Left Elbow Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Elbow Disorders. Official Disability Guidelines (ODG), Elbow, Splinting.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 27. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: < American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, (2011) <Elbow Complaints>, page(s) <Online Edition >.

Decision rationale: Although the ACOEM guidelines gives an insufficient evidence recommending use of Elbow brace in the treatment of Epicondylalgia; there are many elbow conditions where elbow brace is not recommended. The request for elbow brace does not specify what it is being prescribed for.