

Case Number:	CM14-0088920		
Date Assigned:	07/23/2014	Date of Injury:	11/06/2013
Decision Date:	08/27/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/12/2014

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 and Rehabilitation, has a subspecialty in 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:

According to the medical records, the patient is a 50 year old male who sustained an industrial injury on 11/06/2013, as result from a fall. A prior peer review was performed on 5/13/2014, and a non-certification was recommended for the retrospective request of wrist cock-up non-molded, dispensed 3/26/2014. Per the report, a medical document dated 3/26/2014 indicated subjectively there were symptoms of pain referable to the cervical region, the right shoulder and right elbow. According to the orthopedic report dated 6/13/2014, by [REDACTED], the patient underwent right shoulder arthroscopy, synovectomy, bursectomy, coracoacromial legament release, Neer-type acromioplasty, and modified Mumford on 5/15/2014. He complains of right shoulder pain rated 7-8/10. He uses norco to manage pain. He reports frequent spasms in the right shoulder that radiates to the neck and frequent numbness and tingling in the right shoulder and arm as well. He also complains of pain in both elbows, right worse than left. Right elbow is sensitive to touch with frequent numbness and sensation of needles sticking. He is recovering from surgery. He is wearing the immobilizer. Objective findings document immobilizer on the right, no swelling in the shoulder, no open wound and no redness at the surgical site. Recommendations include requests for braces for the bilateral elbows.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for a wrist cock-up non-molded (DOS 03/26/2014): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 3, 41.

Decision rationale: According to the CA MTUS ACOEM guidelines regarding elbow complaints, in general, immobilization should be avoided. An exception is immediately after surgery where brief immobilization may be required. Wrist splinting is sometimes utilized. However, some experts believe splinting potentially contributes to elbow pain. The guidelines suggest wrist splinting may be recommended for epicondylalgia and radial tunnel syndrome. The patient had complaints of elbow pain. However, the medical records do not establish the patient had a diagnosis of epicondylalgia or radial tunnel syndrome. The submitted documentation does not provide specific consistent findings on physical examination to support the medical necessity for utilization of a cock-up brace for the right elbow, retrospectively. The request is not medically necessary.