

Case Number:	CM14-0104222		
Date Assigned:	09/16/2014	Date of Injury:	11/02/2006
Decision Date:	01/26/2015	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/07/2014

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 Internal 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 injured worker (IW) is a 59-year-old man with a date of injury of November 2, 2006. The mechanism of injury is documented as a cumulative trauma. The IW has been diagnosed with bilateral hand pain and numbness with a history of carpal tunnel releases in 2001; and bilateral elbow pain with a reported history of lateral epicondylitis. Pursuant to the progress note dated June 17, 2014, the IW complains of constant rated 6-8/10. Pain decreased to 3-4/10 with medications. The pain is described as burning and sharp discomfort in the right greater than left elbows. He also complains of deep aching in the palm associated with tingling. Rest, medications and splints are helpful. Current medications include Norco 10/325mg, Lidoderm 5% patches, Ambien 5mg, and Flexeril. Examination of the extremities reveals no edema. There is end-range limitation in cervical extension. There is tenderness to palpation of the paracervical muscles. Sensory exam reveals decreased pinprick in the left 3rd digit and palm. The rest of the examination is grossly intact. The treating physician is requesting medication refills, 1 box of Coban Wraps with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Box of Coban Wrap with one refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Forearm, Wrist and Hand, Immobilization.

Decision rationale: Pursuant to the Official Disability Guidelines, Cuban wrap with one refill is not medically necessary. Immobilization is not recommended as a primary treatment. Immobilization and rest appeared to be overused as treatment. Early mobilization benefits include early return to work; decreased pain, swelling and stiffness; and a greater preserve range of motion with no increase in complications. For additional details see the Official Disability Guidelines. In this case, the injured worker's working diagnoses are bilateral hand pain and numbness for the history of bilateral carpal tunnel syndrome releases in 2001; and bilateral elbow pain with a reported history of lateral epicondylitis. The worker is 60 years old with a date of injury November 2, 2006. A request was made for Cuban wrap. Past treatments include wrist splints and forearm bands, none of which were appreciably helpful. Physical therapy was the most helpful conservative measure taken. There was no specific clinical indication/rationale in the medical record for the Cuban. Consequently, absent the appropriate clinical indication and clinical rationale, Cuban wrap with one refill is not medically necessary.