

Case Number:	CM14-0189922		
Date Assigned:	11/21/2014	Date of Injury:	09/30/2010
Decision Date:	01/08/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/13/2014

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:

This case involves a 34 year old female injured worker with an industrial injury dated 09/03/10. Nerve studies dated 02/12/13 reveal chronic ulnar neuritis. Exam note 09/22/14 states the patient returns with right elbow pain. The patient explains that the pain has not improved since therapy. Physical exam reveals tenderness over the radial nerve surrounding the elbow, in particularly at the radial tunnel, proximal forearm and lateral epicondyle. Diagnosis is noted as radial tunnel syndrome. Treatment includes right radial tunnel release with superior tenotomy to decompress the radial nerve at the radial tunnel along with physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Custom splinting: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 2.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 2.

Decision rationale: Per the CA MTUS/ACOEM Guidelines, Chapter 1, page 2 states that, "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. When immobilization is utilized,

range-of-motion exercises should involve the elbow, wrist, as well as the shoulder, to avoid frozen shoulder ("adhesive capsulitis"). There is lack of medical necessity for immobilization following radial tunnel surgery. Therefore, this request is not medically necessary.