

Case Number:	CM14-0198679		
Date Assigned:	12/09/2014	Date of Injury:	08/06/2012
Decision Date:	01/27/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/26/2014

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 injured worker was initially injured on 8/6/12 when he was lifting a door and injured his right upper extremity. He underwent right shoulder arthroscopy November of 2012 and then incurred worsening of right shoulder and elbow pain after motor vehicle accident on 11/26/13 on his way to physical therapy. On 04/28/14 evaluation with orthopedic surgeon the patient reports right elbow and right shoulder pain. On exam there is point tenderness at the rotator cuff and there is normal range of motion with positive right shoulder Neer sign. Neurological exam is normal. Diagnoses include right shoulder impingement syndrome and right elbow lateral epicondylitis and cubital tunnel syndrome. Treatment plan includes Voltaren ER 100mg once daily for inflammation and referral for physical therapy of the right upper extremity. 06/11/14 the patient reports right elbow and right shoulder pain. There is no change in physical exam or diagnoses. Treatment plan includes Voltaren ER 100mg once daily for inflammation. The patient underwent 10 sessions of physical therapy through 7/1/14; according to the last PT note he had continued complaints of numbness and pain I the right upper extremity. On 7/21/14 follow-up with orthopedist there continues to be right upper extremity pain with tenderness at the right lateral epidondyle. Plan is to continue with Voltaren ER and restart physical therapy. On 8/27/14 the patient reported right shoulder, elbow and 3rd finger pain with numbness and tingling to the 4th and 5th right fingers. Physical exam findings, clinical assessment and treatment plan is unchanged. According to 10/3/14 clinic note the patient continues to have painful right shoulder, right elbow and right 3rd finger with ulnar nerve compression of the right elbow. On exam there is a positive Tinel sign on the medial aspect and diminished sensation to the 4th and 5th right fingers. Plan is to request right elbow ulnar nerve decompression surgery, EMG/NCS for both upper extremities, a cold unit post-op to be used post-operatively and post-operative physical therapy three times weekly for 4 weeks to the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associates surgical services: Cold unit rental 1 week post-operative: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 15, 18.

Decision rationale: The above therapy of one week rental of cold therapy was prescribed by the treating orthopedist to be used in conjunction with physical therapy post-operatively should the patient undergo right ulnar nerve decompression. Since the patient has not undergone the surgery and it has not been determined as medically necessary, consequently the post-operative treatment of cold therapy is not medically necessary at this time. Additionally there is no clinical evidence that a cold unit is more efficacious in the post-operative setting than traditional cold packs.