

Case Number:	CM15-0138996		
Date Assigned:	07/28/2015	Date of Injury:	03/23/2005
Decision Date:	08/27/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/17/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 44-year-old female who sustained an industrial injury on 03/23/2005. The initial mechanism and report of injury is not found in the records reviewed. The injured worker was diagnosed as: 1. Thoracic outlet syndrome, left greater than right. 2. Cervical disc disease C6-7 with left radiculopathy. 3. Situation post release right carpal tunnel and Guyon's canal. 4. Situation post anterior transposition ulnar nerve left elbow and release median and ulnar nerves left wrist. 5. Multiple peripheral neuropathies, including median at both wrists. Ulnar at both elbows, and radial at both proximal forearms and wrist. 6. Lateral epicondylitis left elbow. 7. Anxiety and depression, currently controlled without antidepressants. 8. Multiple medical problems. Treatment to date has included surgery, multiple elbow braces, steroid injections, and weight loss. Currently, the injured worker complains of chronic disabling pain and paresthesias between her neck and shoulders radiating down both upper extremities, left greater than right, anxiety, and depression secondary to the chronic pain. She has full range of motion in her left elbow and decreased numbness in the left hand because of the surgery on that side, but continues to complain of pain in her left upper back, thoracic outlet areas, and left medial elbow. An injection of steroids in the left scapula was given in the office with almost immediate relief of pain in the area. The worker is now also complaining of increasing symptoms in the ulnar distribution of her right hand down the medial side of her forearm into the 4th and 5th fingers. Her whole right hand is numb and there is some bony swelling of the interphalangeal joint of her right thumb. She is using a brace on her right wrist in response to these symptoms. On exam, there is noted tenderness over the thoracic outlets, left greater

than right, and over the superior medial border to the left scapula. Deep palpation of the upper back on either side causes tingling down the whole arm. Her cervical range of motion is diminished in all planes both left and right sides. Peripheral nerve testing includes a positive elbow flexion test on the right for ulnar neuropathy. Tinel's testing is positive over the radial side of the left wrist, positive over the cubital tunnel on the right elbow, and negative at the carpal tunnels. Sensation in the hands and fingers is diminished more so in the right hand and especially in the right small finger. Medications include Flector Patches daily alternating with Celebrex 200 mg in the morning. The plan of care is for continued part time work and for an elbow sleeve on the right during the day and an elbow splint at night. A request for authorization was made for the following: 1. Right Elbow Sleeve. 2. Right Elbow Splint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Elbow Sleeve: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Elbow.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 2, 19.

Decision rationale: This injured worker has chronic elbow pain and is status post multiple diagnostic and treatment methods. Per the ACOEM, there are no quality studies on which to rely for treatment of ulnar neuropathies, and there is not evidence of benefits of the treatment options including elbow padding. Additionally, immobilization should be avoided. The goals for improvement about pain or function are also not detailed. The records do not support medical necessity for a right elbow sleeve.

Right Elbow Splint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Elbow.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 2, 19.

Decision rationale: This injured worker has chronic elbow pain and is status post multiple diagnostic and treatment methods. Per the ACOEM, there are no quality studies on which to rely for treatment of ulnar neuropathies, and there is not evidence of benefits of the treatment options including elbow padding. Additionally, immobilization should be avoided. The goals for improvement about pain or function are also not detailed. The records do not support medical necessity for a right elbow splint.

