

Case Number:	CM15-0183915		
Date Assigned:	09/24/2015	Date of Injury:	12/29/2012
Decision Date:	10/30/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/18/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 is a 24 year old female with an industrial injury date of 12-29-2012. Medical record review indicates she is being treated for left carpal tunnel syndrome, left cubital tunnel syndrome and ongoing chronic medial and lateral epicondylitis, left elbow. Subjective complaints (08-05-2015) included "significant" pain in the elbow both medially and laterally. The treating physician documents the injured worker had "some low-grade pain" at rest but it increased to at least 7 out of 10 with activity. Other complaints included pain with lifting, gripping and squeezing. The treating physician documented the injured worker had failed non-operative treatment. Physical exam (08-05-2015) revealed full range of motion of the elbows bilaterally. Cubital tunnel incision was well-healed. There was a mildly positive Tinel's sign with "fairly" exquisite tenderness over the medial epicondyle and lateral epicondyle of the left elbow and "significant" pain with resisted wrist flexion and extension. Full range of motion of the wrists was noted. Grip strength (Jamar dynamometer) was recorded (08-05-2015) as 50-45-35 right and 10-15-15 left. Grip strength (Jamar dynamometer) is documented as 30-30-35 right and 05- 20-20 left in the 06-24-2015 note. Work status was "temporary total disability" on 08-05-2015. In the treatment note dated 03-04-2015, the treating physician noted electro diagnostic studies of the left upper extremity done on 12-15-2014 were "consistent with some mild residual left carpal tunnel syndrome." "There is no evidence of any ulnar nerve entrapment or cervical radiculopathy." Prior treatment included physical therapy (unknown number of sessions), splints, corticosteroid injections, and left endoscopic carpal tunnel release and left elbow endoscopic cubital release. The treating physician requested left elbow medial and lateral epicondyle

fasciotomy with associated surgical services to include a two-week game ready rental. The request for authorization dated 08-19-2015 includes a request for post op Game Ready for 2-week rental. On 08-26-2015 the request for post op Game ready for 2 week rental was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op Game Ready for 2 week rental: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Knee, and leg section, Continuous flow cryotherapy.

Decision rationale: Pursuant to the Official Disability Guidelines, postoperative game ready two-week rental is not medically necessary. (Knee and leg) Game ready accelerated recovery system is recommended as an option after surgery, but not for nonsurgical treatment. The game ready system combines continuous flow cryotherapy with the use of vasoconstriction. While there are studies on continuous flow cryotherapy, there are no published high quality studies on the game ready device. For the shoulder, the game ready device is not recommended until there are quality studies to support its use in the shoulder. In this case, the injured worker's working diagnoses are left carpal tunnel syndrome, left cubital tunnel syndrome, and ongoing chronic medial and lateral epicondylitis left elbow. Date of injury is December 29 2012. Request for authorization is August 19, 2015. According to an August 5, 2015 progress note, the injured worker has a history of ongoing medial and lateral epicondylitis left elbow. The injured worker has failed non-operative management. Surgery was requested and denied. The injured worker's status post carpal tunnel release and cubital tunnel release surgery. There is no request medical record for game ready. The game ready device is not indicated for non-operative states. The documentation indicates surgery was denied. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation with a clinical indication and rationale for the game ready device, no clinical discussion in the treatment plan for a game ready device, no documentation surgery was authorized and a rental plan in excess of the recommended guidelines (seven days), postoperative game ready two week rental is not medically necessary.