

Case Number:	CM15-0190800		
Date Assigned:	10/02/2015	Date of Injury:	12/28/2000
Decision Date:	11/18/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/28/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62 year old with a date of injury on 12-28-2000. The injured worker is undergoing treatment for right cervical radiculopathy-status three surgeries in 2001, 2003, and 2007, with significant residual with right upper extremity motor weakness and altered sensation in the right upper extremity with possible early RSD, right shoulder strain, left groin strain with Magnetic Resonance Imaging of the lumbar spine dated 12-29-2008 showing impingement of the left L3 nerve root, secondary depression and anxiety and insomnia due to chronic pain, right carpal tunnel syndrome with atrophy of the ulnar enervated musculature of slight to moderate degree in the first dorsal interosseous and hypothenar area, gastroesophageal reflux disease due to medications, weight gain, and swallowing difficulty probably related to the cervical spine surgeries. A physician progress note dated 07-21-2015 documents the injured worker ambulates with an antalgic gait due to left groin pain. Sensation is moderately decreased to light touch and pinprick in the right 4th and 5th digits in the C8 versus ulnar nerve distribution. He is wearing a right wrist and elbow brace. There is moderate paracervical spasm more on the right with restricted range of motion, and positive Spurling's on the right. Lumbar spine shows spasm to the paralumbar muscles and range of motion is restricted. Tinel's is positive in the left elbow. He is permanently totally disabled. Treatment to date has included diagnostic studies, medications, multiple spinal surgeries, use of a muscle stimulator, and use of braces. The Request for Authorization dated 08-21-2015 includes Counterforce elbow braces-right and a motorized electric scooter. On 08-31-2015 Utilization Review non-certified the request for Counterforce elbow braces, right, and Motorized electric scooter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Counterforce elbow brace, right: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (acute & chronic) chapter under Splinting.

Decision rationale: The 62 year old patient complaints of neck pain with weakness and numbness in right upper extremity, right shoulder pain, right wrist and hand weakness, lower back pain radiating to bilateral buttocks and posterior thighs, right elbow pain, numbness in right fourth and fifth digits, cervicogenic headaches, left groin area pain, and difficulty swallowing, as per progress report dated 07/21/15. The request is for counterforce elbow brace, right. There is no RFA for this case, and the patient's date of injury is 12/28/00. Diagnoses, as per progress report dated 07/21/15, included cervical radiculopathy, right facial hyperesthesia, right shoulder strain, left groin strain, lumbar strain with bilateral lumbar radiculitis, secondary depression and anxiety due to chronic pain, secondary insomnia, right cubital tunnel syndrome, GERD, erectile dysfunction, weight issues secondary to chronic pain, and secondary high blood pressure. The patient is status post three cervical surgeries in 2001, 2003 and 2007. Medications included Morphine sulfate, Norco, Ibuprofen cream, Naproxen, Imitrex, Remeron, Flexeril, Ambien, Xanax and Protonix. The patient is permanently totally disabled, as per the same progress report. ODG guidelines, Elbow (acute & chronic) chapter under Splinting states: Recommended for cubital tunnel syndrome (ulnar nerve entrapment), including a splint or foam elbow pad worn at night (to limit movement and reduce irritation), and/or an elbow pad (to protect against chronic irritation from hard surfaces). (Apfel, 2006) (Hong, 1996) Under study for epicondylitis. No definitive conclusions can be drawn concerning effectiveness of standard braces or splints for lateral epicondylitis. In this case, a request for Counterforce elbow brace is noted in progress report dated 05/15/15. In the report, the treater states the patient will use counterforce brace "while he is active with his right arm." In progress report dated 06/19/15, the treater requests for a new Counterforce elbow brace as the old one "is too tight for his right arm and is not adequate for support." In progress report dated 07/21/15, the treater recommends the patient to "continue use of counterforce elbow brace." The patient has been diagnosed with cubital tunnel syndrome for which elbow braces are indicated by the ODG. However, it appears that the patient is using the prior the brace effectively as the treater asks the patient to continue using it in report dated 07/21/15. Hence, the request for a new one is not medically necessary.

Motorized electric scooter: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Power mobility devices (PMDs).

Decision rationale: The 62 year old patient complaints of neck pain with weakness and numbness in right upper extremity, right shoulder pain, right wrist and hand weakness, lower back pain radiating to bilateral buttocks and posterior thighs, right elbow pain, numbness in right fourth and fifth digits, cervicogenic headaches, left groin area pain, and difficulty swallowing, as per progress report dated 07/21/15. The request is for motorized electric scooter. There is no RFA for this case, and the patient's date of injury is 12/28/00. Diagnoses, as per progress report dated 07/21/15, included cervical radiculopathy, right facial hyperesthesia, right shoulder strain, left groin strain, lumbar strain with bilateral lumbar radiculitis, secondary depression and anxiety due to chronic pain, secondary insomnia, right cubital tunnel syndrome, GERD, erectile dysfunction, weight issues secondary to weight pain, and secondary high blood pressure. The patient is status post three cervical surgeries in 2001, 2003 and 2007. Medications included Morphine sulfate, Norco, ibuprofen cream, Naproxen, Imitrex, Remeron, Flexeril, Ambien, Xanax and Protonix. The patient is permanently totally disabled, as per the same progress report. MTUS Chronic Pain Medical Treatment Guidelines, page 99, under "Power mobility devices (PMDs)" states "Not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care." In this case, none of the reports discuss the request. The patient does complain of low back pain and radiculopathy, and may need assistance with mobility. Reports indicate that the patient is able to walk with an antalgic gait. The treater does not explain why the patient's ambulation difficulties cannot be overcome with a cane or a walker. There is no explanation as to why the patient would not be able to rely on wheel chair for long distance mobility. No upper extremity deficits are noted other than pain. The request is not medically necessary.