

Case Number:	CM15-0032158		
Date Assigned:	02/25/2015	Date of Injury:	01/31/2014
Decision Date:	04/13/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/20/2015

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: 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 49-year-old male with an industrial injury dated 01/31/2014. His diagnoses include left shoulder adhesive capsulitis, status post left redo biceps repair, left upper extremity paresthesias and muscle loss, left elbow stiffness, left hand carpal tunnel and cubital tunnel syndrome, left arm possible complex regional pain syndrome, status post left elbow open anterior and posterior capsulectomy, ulnar nerve transposition, lateral antebrachial nerve neurolysis and biceps tendon exploration (10/02/2014), and right elbow epicondylitis. Recent diagnostic testing has included x-rays of the left shoulder (06/06/2014) showing intact joints, MRI of the left shoulder (no date) showing intact cuff, x-rays of the left elbow (06/13/2014 and 10/08/2014) showing intact G4 anchors and appropriate anterior and posterior capsulectomy, and electrodiagnostic studies (no date) showing mild carpal tunnel and cubital tunnel. Previous treatments have included conservative measures, medications, and surgeries. In a progress note dated 02/11/2015 (there were no clinical reports/noted date prior to the denial of the requested service), the treating physician reports residual numbness over the whole left arm, improvement in numbness over the ulnar distribution and decreased pain in the fingers of the left hand; however, there was still reported pain with the use of Percocet and the injured worker requested a higher strength. The objective examination revealed diminished light touch to the median, ulnar, radial lateral, antebrachial and axillary nerve distributions, temperature difference from side-to-side, muscle loss in the hand, restricted range of motion in the elbow, and tenderness to palpation over the right extensor muscles with restricted range of motion. The treating physician is requesting JAS splint for the elbow three additional months rental, which was denied by the

utilization review. Utilization Review non-certified a request for JAS splint for the elbow three additional months rental to start 01/25/2015, noting the lack of documented exceptional improvement with the use of this brace. The MTUS and ODG Guidelines were cited. The injured worker submitted an application for IMR for review of JAS splint for the elbow three additional months rental to start 01/25/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Joint Active System Elbow for 3 additional months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow, Static Progressive Stretch Therapy.

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) Static progressive stretch (SPS) therapy.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Joint Active Systems (JAS) elbow systems. Official Disability Guidelines (ODG) Elbow (Acute & Chronic) indicates that static progressive stretch (SPS) therapy may be considered appropriate for up to eight weeks. Static progressive stretch (SPS) therapy uses mechanical devices for joint stiffness and contracture to be worn across a stiff or contracted joint and provide incremented tension in order to increase range of motion. A mechanical device for joint stiffness or contracture may be considered appropriate for up to eight weeks. The progress report dated February 11, 2015 documented the performance of left elbow open anterior and posterior capsulectomy, ulnar nerve transposition, lateral antebrachial nerve neurolysis and biceps tendon exploration on 10/2/14. Physical examination of the left elbow extension -10 degrees, flexion 130 degrees, 80 degrees supination and pronation. Joint Active Systems (JAS) elbow system was requested for 3 additional months starting 1/25/15. Official Disability Guidelines indicates that the use of JAS elbow system is limited to eight weeks. Therefore, the request for 3 additional months of use of JAS elbow system exceeds the ODG guideline recommendation of 8 weeks, and is not supported. Therefore, the request for JAS elbow system for 3 additional months is not medically necessary.