

<b>Case Number:</b>	CM15-0046967		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	12/20/2009
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 55-year-old who has filed a claim for chronic neck, wrist, and elbow pain reportedly associated with an industrial injury of December 20, 2009. In a Utilization Review report dated February 27, 2015, the claims administrator failed to approve a request for a pain management referral, bilateral wrist braces, and a left elbow brace. Non-MTUS ODG Guidelines and non-MTUS Chapter 7-8 Guidelines were invoked throughout the report. The claims administrator did apparently approve an orthopedic consultation, it was incidentally noted. A February 2, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On June 27, 2014, the applicant was described as having ongoing issues of elbow epicondylitis reportedly associated with cumulative trauma at work. The applicant was status post an elbow corticosteroid injection, it was acknowledged. The applicant's work status was not detailed. Electrodiagnostic testing of October 12, 2014 was notable for denervation of bilateral abductor pollicis brevis musculature, a mild left cubital tunnel syndrome, mild radial neuropathy, moderate bilateral carpal tunnel syndrome. The applicant was described as having paresthesias about the bilateral hands. It was suggested that the applicant had developed these paresthesias as a result of cumulative trauma at work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Pain Management Referral for Cervical Spine: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Independent Medical Examinations and Consultations, Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

**Decision rationale:** Yes, the request for a pain management referral was medically necessary, medically appropriate, and indicated here. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant has a variety of pain complaints and a variety of pain generators, including carpal tunnel syndrome, chronic neck pain, chronic shoulder pain, chronic elbow pain, etc. The applicant had seemingly failed to respond favorably to a variety of conservative measures, including time, medications, observation, etc. Moving forward with the pain management consultation, thus, may be beneficial for medication management and/or disability management purposes. Therefore, the request was medically necessary.

### **Bilateral Wrist Brace: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand, Splints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**Decision rationale:** Similarly, the request for bilateral wrist braces was likewise medically necessary, medically appropriate, and indicated here. The applicant has ongoing issues with bilateral upper extremity paresthesias, attributed to electrodiagnostically confirmed bilateral carpal tunnel syndrome, ulnar neuropathy, and radial neuropathy. As noted in the MTUS Guidelines in ACOEM Chapter 11, Table 11-7, page 272, splinting is a first line treatment for carpal tunnel syndrome, one of the diagnoses present here. Therefore, the request was medically necessary.

### **Left Elbow Brace: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow, Brace (Splinting).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 41.

**Decision rationale:** Finally, the request for an elbow brace was likewise medically necessary, medically appropriate, and indicated here. The applicant has apparently developed issues with upper extremity paresthesias attributed to a combination of ulnar neuropathy, carpal tunnel syndrome, and radial neuropathy. As noted in the MTUS Guideline in ACOEM Chapter 10, Table 4, page 41, nocturnal elbow splinting is deemed "recommended" for applicants with ulnar neuropathy, as was/is present here. Therefore, the left elbow brace was medically necessary.