MAXIMUS Federal Services

Case Number:	CM15-0080934		
Date Assigned:	05/01/2015	Date of Injury:	01/13/2007
Decision Date:	06/02/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/27/2015

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: Emergency 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 45 year old male, who sustained an industrial injury on January 13, 2007. The injured worker was diagnosed as having bilateral neurogenic thoracic outlet syndrome left greater than right, bilateral ulnar neuropathy at the elbows, and bilateral carpal tunnel syndrome left greater than right. Treatment to date has included MR Neurogram, acupuncture, bracing, and medication. Currently, the injured worker complains of bilateral ulnar neuropathy at the elbows. The Treating Physician's report dated March 23, 2015, noted the injured worker with decreased light-touch sensation along his ulnar hand and digits bilaterally. The injured worker's current medications were listed as Lidoderm patches and over-the-counter (OTC) Ibuprofen. The treatment plan was noted to include being seen by an orthotist for bilateral elbow braces to be worn at night.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Elbow Orthosis: 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, Elbow (Acute & Chronic), Splints/Braces.

Decision rationale: The requested Bilateral Elbow Orthosis is not medically necessary. CA MTUS 2009 ACOEM is silent on this issue. Official Disability Guidelines, Elbow (Acute & Chronic), Splints/Braces note: "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)." The injured worker has bilateral ulnar neuropathy at the elbows. The treating physician has documented decreased light-touch sensation along his ulnar hand and digits bilaterally. The treating physician has not documented the medical necessity for these custom splints when the injured worker has trialed other splints. The criteria noted above not having been met. Bilateral Elbow Orthosis is not medically necessary.