

Case Number:	CM15-0088759		
Date Assigned:	05/13/2015	Date of Injury:	04/12/2013
Decision Date:	06/12/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/08/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 52-year-old female, who sustained an industrial injury on 04/12/2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having left elbow carpal tunnel syndrome; mild, recurrent, left hand carpal tunnel syndrome; status post right elbow cubital tunnel release; and status post revision of the right hand carpal tunnel release. Treatment and diagnostic studies to date has included above listed procedures, electromyogram 04/24/2013, corticosteroid injection, physical therapy, and use of splinting. In a progress note dated 03/27/2015 the treating physician reports complaints of continued pain and paresthesias to the ulnar nerve of the left hand. The examination noted mild swelling to the right elbow, resolved hematoma to the right elbow, slightly weak right hand grip, positive Tinel's test to the left cubital tunnel and positive left elbow flexion testing, decreased sensation to light touch to the ulnar nerve, weakness with finger abduction and adduction, positive Phalen's test and carpal tunnel compression test to the left hand, decreased sensation to light touch in the left ulnar nerve, and weakness to the intrinsic left hand muscles. The treating physician noted an electromyogram from 04/24/2013 that revealed bilateral carpal tunnel syndrome. The treating physician requested pneumatic compressor to the right elbow, but the documentation provided did not indicate the specific reason for the requested equipment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pneumatic compressor, Right Elbow (HCPCS - E0676): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder chapter - Venous thrombosis; Compression garments.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, upper extremity venous embolus.

Decision rationale: The California MTUS and ACOEM do not directly address the requested service. The ODG states that deep venous thrombosis and pulmonary embolus events are rare following upper extremity surgery. Therefore, an upper extremity pneumatic compressor is not medically necessary and the request is not certified.