

Case Number:	CM14-0119179		
Date Assigned:	08/06/2014	Date of Injury:	06/15/2012
Decision Date:	10/14/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54 year old female who reported an injury on 06/15/2012; the mechanism of injury was an assault by a co-worker. Diagnoses included probable posttraumatic headaches, cervicothoracic strain/arthrosis/discopathy with possible myelomalacia, bilateral medial and lateral epicondylitis of the elbows, bilateral carpal tunnel and cubital tunnel syndromes, and psychiatric complaints. Past treatments included physical therapy, acupuncture, home exercise program and medication. Diagnostic studies included an EMG/NCV of the bilateral upper extremities on 03/14/2014, which revealed a normal EMG; the NCV revealed abnormal nerve conduction at the left wrist, bilateral carpal tunnels, and the left ulnar nerve from the elbow to the wrist. X-rays were taken of the cervical spine and bilateral shoulders, elbows, and wrists, dates unknown. Unofficial x-rays of the cervical spine and bilateral shoulders revealed degenerative changes. Unofficial x-rays of the bilateral elbows and wrists showed no significant abnormalities. Pertinent surgical history was not provided. The clinical note dated 06/16/2014 indicated the injured worker complained of headaches and significant neck and low back pain with radiating numbness in the arms and legs. Physical exam revealed negative Spurling's, straight leg raise, and foraminal compression tests; however, these exams caused neck, trapezial and low back pain. The shake test caused pain at both epicondyles, and the patient was noted as having thenar and intrinsic weakness bilaterally. Current medications included hydrocodone, omeprazole, and Naprosyn. The treatment plan included one neurological consultation and unknown antecubital pads.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for Unknown antecubital pads: 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 (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 25-26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, Splinting (padding).

Decision rationale: The ACOEM Guidelines state there is insufficient evidence regarding the use of elbow padding. The Official Disability Guidelines indicate that padding is 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 had a diagnosis of cubital tunnel syndrome and complained of significant neck pain with radiating numbness in the arms. Physical exam indicated the shake test caused pain at both epicondyles, and the patient was noted as having thenar and intrinsic weakness bilaterally. The guidelines state that padding is recommended for cubital tunnel syndrome; however, the request does not indicate the number of pads for use. Therefore, the request is not medically necessary.