

Case Number:	CM14-0162467		
Date Assigned:	10/07/2014	Date of Injury:	06/01/2012
Decision Date:	11/07/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/03/2014

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 Occupational Medicine and is licensed to practice in California. 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:

This 40-year-old woman had a date of injury on 6/1/12 where she began to develop right shoulder, arm and neck pain after repetitive trauma due to work requiring heavy lifting. In a progress note from 5/22/14 she subjectively reports having continued pain on the right side as well as down her right arm but denies having any numbness or weakness on review of systems. Objective findings during that evaluation demonstrate normal muscle tone without atrophy in the right upper extremity. During her participation in the functional restoration program, a progress note dated 5/6/14 she was noted to have improvement in right upper extremity abduction range of motion to 115 degrees as well as able to lift 9 pounds from floor to waist and 6.5 pounds from waist to shoulder. Additionally, an MRI of the right shoulder from 11/15/12 revealed moderate rotator cuff tendonosis with a partial undersurface tear and degenerative changes of the AC joint along with impingement. There is documented evidence of a lower extremity EMG/NCS but none involving the upper extremities. Treatments to date include medications including Seroquel, mirtazapine, naproxen, Effexor and cortisol injections; massage therapy; physical therapy functional restoration program; home exercise program. A UR decision dated 9/11/14 resulted in an adverse determination given there was no documentation of right upper extremity sensory, motor or reflex testing to suggest evidence of ulnar neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Elbow Splints: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 595-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow chapter - splinting

Decision rationale: CA MTUS states that orthotics can be prescribed if the patient's response to treatment is inadequate. ODG states that bracing for lateral epicondylitis is under study, and if used is recommended only as a short-term initial treatment in combination with physical therapy. ODG recommends splinting 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). Based on the guidelines there does not appear to be an indication for elbow splints at this time. The patient has no objective or subjective evidence of ulnar neuropathy or any neurologic deficits for which such treatment would have benefit. Therefore, the request for bilateral elbow splints is not medically necessary.