MAXIMUS Federal Services

Case Number:	CM14-0217911		
Date Assigned:	01/07/2015	Date of Injury:	07/10/2013
Decision Date:	03/03/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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, Illinois
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 injured worker is a 46 year-old female, who was injured on July 10, 2013, while performing regular work duties. The mechanism of injury is from hitting the right elbow on the drive through window while handing a customer their order. The injured worker has continued complaint of right elbow pain with pain radiation to the right hand, and associated numbness and tingling. The records indicate the injured worker had elbow surgery on May 12, 2014. Physical findings in an evaluation on June 27, 2014, reveal normal range of motion of the right shoulder; right elbow/wrist flexion 125 degrees, extension 30 degrees, supination and pronation roughly 85 degrees, tenderness on palpation over the right elbow. Positive Cozen test, negative Finkelstein test, Phalen, reverse Phalen and Tinel signs are negative, and the right wrist has a normal range of motion. The records demonstrate the injured worker had received treatment including medications, surgery, physical therapy, occupational therapy, home exercise program, paraffin wax treatment, ice and heat, transcutaneous electrical nerve stimulation unit, cortisone injection, electromyography and nerve conduction studies, and acupuncture treatment. The request for authorization is for the purchase of a self TPT cane. The primary diagnoses are elbow/forearm sprain and strain, and presence of external hearing-aid. On December 5, 2014, Utilization Review non-certified the request for the purchase of a self TPT cane, based on ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of self TPT cane for the right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines and Blue Cross of California Medical Policy Durable Medical Equipment

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 40-47.

Decision rationale: The injured worker sustained a work related injury on July 10, 2013. The medical records provided indicate the diagnosis of right elbow sprain/strain, and status right elbow surgery. Treatments have included edications, surgery, physical therapy, occupational therapy, home exercise program, paraffin wax treatment, ice and heat, transcutaneous electrical nerve stimulation unit, cortisone injection, and acupuncture. The medical records provided for review do not indicate a medical necessity for Purchase of self TPT cane for the right elbow. This device is not refernced by any known guideline, including the MTUS and the offical Disability Guidelines. It is not listed as one of the recommended treatments in the section of elbow complaints that summarize recommendations by elbow condition.