

Case Number:	CM15-0010992		
Date Assigned:	01/30/2015	Date of Injury:	09/08/2013
Decision Date:	03/26/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/20/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 38-year-old male who reported an injury on 09/08/2013. The mechanism of injury involved a fall. The current diagnoses include left radial head fracture, left elbow post-traumatic flexion contracture, left cubital tunnel syndrome and elbow arthralgia. The injured worker presented on 12/11/2014 for a re-evaluation. The injured worker reported ongoing pain to the left elbow with occasional numbness and tingling in the left forearm. The injured worker was utilizing ibuprofen 800 mg and diazepam 5 mg. Upon examination of the left elbow, there was 25 degree extension, 130 degree flexion, 90 degree supination and pronation, 2+ left ligament instability, positive Tinel's sign at the cubital tunnel and positive elbow flexion test. Recommendations at that time included left ulnar nerve transposition with open ulnohumeral arthroplasty, possible radial head resection versus arthroplasty, possible medial versus lateral ulnar collateral ligament repair versus construction with allograft. Postoperative durable medical equipment in the form of a home CPM machine and a Dynasplint was also recommended. A request for authorization form was then submitted on 12/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM x3 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Treatment for Workers' Compensation; Chapter Shoulder

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Continuous Passive Motion.

Decision rationale: The Official Disability Guidelines recommend continuous passive motion for the upper extremity in cases of adhesive capsulitis. The injured worker does not meet criteria for the requested durable medical equipment. As such, the request is not medically appropriate at this time.