

Case Number:	CM15-0115837		
Date Assigned:	06/24/2015	Date of Injury:	08/19/2013
Decision Date:	07/22/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/16/2015

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
 Certification(s)/Specialty: Orthopedic Surgery

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 44-year-old female, who sustained an industrial injury on August 19, 2013. Treatment to date has included lumbar epidural steroid injection, MRI of the lumbar spine, MRI of the thoracic spine, left shoulder arthroscopic decompression and Mumford procedure, medications, elbow brace and home exercise program. Currently, 5/13/15, the injured worker reports that she has done well following her left shoulder surgery and her range of motion has improved significantly. She complains of subluxation of the ulnar nerve with pain and discomfort over the ulnar two fingers. Her lumbar spine pain was relieved with the lumbar epidural steroid injection but she still complains of bilateral lower extremity radicular symptoms. On examination, she has wasting of the inner aspect of her left forearm. The left ulnar nerve is subluxing and causes pain and numbness in the ulnar two fingers. She has a decreased motor strength in the left hand and has numbness over the ulnar two fingers and hypothenar eminence. A Tinel's test is positive. The diagnoses associated with the request include traumatic left ulnar nerve neuritis with anterior subluxation. The treatment plan includes left ulnar nerve anterior transposition, medical clearance, post-operative physical therapy, cold therapy unit rental for ten days and trigger point injection for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Unit for 10 days: 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 and Chronic-Cold Packs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Elbow section, cryotherapy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cryotherapy for the elbow. According to ODG, Elbow section, cryotherapy is not recommended. Cold packs are recommended for at home application during first few days and thereafter application of either heat or cold packs to suit patient. As the guidelines do not recommend cryotherapy for the elbow, the determination is for non-certification. The request is not medically necessary.

Trigger point injection for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, Trigger point injections, page 122 states, recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. In this case, the exam notes from 5/13/15 demonstrate no evidence of myofascial pain syndrome. Therefore, the determination is for non-certification. The request is not medically necessary.