

Case Number:	CM15-0173973		
Date Assigned:	09/15/2015	Date of Injury:	07/11/2013
Decision Date:	10/23/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/03/2015

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: Pennsylvania, Ohio, California
 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:

This 51 year old female sustained an industrial injury on 7-11-13. Documentation indicated that the injured worker was receiving treatment for left cubital tunnel syndrome. The injured worker underwent revision of left carpal tunnel release on 6-24-15. The injured worker received postoperative physical therapy and medications. In a PR-2 dated 7-31-15, the injured worker complained of pain to the medial elbow and numbness to the tips of the thumb and index finger. The injured worker reported that she was doing therapy with pain and had residual paresthesias in the left little and ring fingers. The injured worker reported that her left wrist pain had decreased. Physical exam was remarkable for tenderness to palpation at the metacarpal and proximal interphalangeal joint of the index and long fingers with slight swelling to the proximal phalanx of the long finger, "good" range of motion to the fingers, "decreased" wrist dorsal flexion with pain, "decreased" sensation to the left little and ring fingers, tenderness to palpation to the medial elbow with negative Tinel's test the treatment plan included following up with the surgeon for postoperative rehabilitation of the left upper extremity, requesting authorization for a Heelbo pad for the left elbow as protective padding and continuing non-steroidal anti-inflammatory medications for pain. On 8-13-15, Utilization Review noncertified a request for a Heelbo pad for the left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Heelbo pad for the left elbow: Overturned

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (updated 06/23/2015) Online version.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Ulnar Nerve Entrapment.

Decision rationale: An initial physician review notes that ACOEM documents only weak evidence for protective padding of the ulnar nerve but also notes that this treatment is inexpensive and without harm. Given this guidance, it is unclear why the initial physician review recommended non-certification of this request. The patient reports ongoing ulnar nerve symptoms with a history of cubital tunnel syndrome. This request is medically necessary.