

Case Number:	CM15-0072789		
Date Assigned:	04/23/2015	Date of Injury:	06/17/2011
Decision Date:	06/01/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/16/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal 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 51-year-old male, who sustained an industrial injury on 6/17/11. The injured worker was diagnosed as having cervical discopathy, bilateral cubital tunnel syndrome, bilateral carpal tunnel syndrome and right shoulder AC arthropathy rule out rotator cuff tear. Treatment to date has included oral medications and topical medications. Currently, the injured worker complains of constant pain in cervical spine and right shoulder and frequent pain in bilateral elbows and bilateral wrists. Physical exam noted palpable paravertebral muscle tenderness with spasm and diminished range of motion of cervical spine, tenderness around the anterior glenohumeral region and subacromial space with limited range of motion and weakness of right shoulder and biceps pain and tenderness are noted along with tenderness over the elbow around the olecranon fossa with full, but painful range of motion; tenderness is also noted over the volar aspect of the wrist with positive palmar compression test and diminished sensation of the radial digits. The treatment plan included bilateral upper extremity (EMG) Electromyogram/ (NCV) Nerve Condition Velocity studies, bilateral elbow sleeves and bilateral wrist braces.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Elbow Sleeves: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 1-60.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Uptodate.com. Ulnar neuropathy at the elbows and wrists.

Decision rationale: According to the ACOEM Guidelines, ulnar nerve entrapment, including cubital tunnel syndrome, there are no quality studies on which to rely for treatment of ulnar neuropathies, and there is not evidence of benefits of the treatment options aside from surgical studies. According to Uptodate.com, there is little evidence regarding the effectiveness conservative therapy for UNW. Activity modification is suggested when the presumed cause is repetitive compression or trauma. Padded gloves can be used for protection with occupational or recreational activities (eg, bicycling), though they are not well-studied. In addition, handlebar padding and frequent changes in hand position while cycling may reduce the frequency and severity of handlebar palsy. In this case, the patient has a diagnosis of cubital tunnel syndrome. In cases of CTS that are confirmed with electro diagnostic studies, surgical treatment is recommended. The patient has not had completion of EMG/NCS of the upper extremities. Therefore, the medical necessity of elbow sleeves is not made. The request is not medically necessary.

Bilateral Wrist Braces: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-286.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

Decision rationale: Initial treatment of CTS should include night splints. Day splints can be considered for patient comfort as needed to reduce pain, along with work modifications. For patients with mild-to-moderate CTS who opt for conservative treatment, studies show that corticosteroids may be of greater benefit than nonsteroidal anti-inflammatory drugs (NSAIDs), but side effects prevent their general recommendation. In this case, the IW has a diagnosis of CTS. The use of wrist braces are medically indicated. The request is medically necessary.