

Case Number:	CM15-0075952		
Date Assigned:	04/27/2015	Date of Injury:	05/03/2014
Decision Date:	06/11/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/21/2015

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: 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 59 year old male, who sustained an industrial injury on 5/03/2014, while employed as a cook. He reported a backwards fall, landing on his trunk. The injured worker was diagnosed as having right median and ulnar nerve compromise and cervical degenerative disc disease. Treatment to date has included diagnostics, medications, acupuncture, cortisone injections, and epidural steroid injections. Currently, the injured worker complains of neck pain with radiation to the right upper extremity. Right elbow and wrist pain was rated 6/10. Positive Tinel's sign was noted over the right carpal and cubital tunnels. Electromyography and nerve conduction studies for the right upper extremity (12/22/2014), magnetic resonance imaging of the cervical spine, and right wrist x-ray findings were referenced. Several documents within the submitted medical records were difficult to decipher. Medications included Naproxen, Cyclobenzaprine, and topical creams. The treatment plan included support for his right wrist and elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right elbow support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 551.

Decision rationale: Per the MTUS Guidelines, in general, immobilization of the elbow/wrist should be avoided. An exception is immediately after surgery where brief immobilization may be required. Wrist splinting is sometimes utilized. Some experts believe splinting potentially contributes to elbow pain. When immobilization is utilized, range-of-motion exercises should involve the elbow, wrist, as well as the shoulder, to avoid frozen shoulder (adhesive capsulitis). This injured worker had no history of a recent elbow or wrist surgery. The request for right elbow support is determined to not be medically necessary.

Right wrist support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 551.

Decision rationale: Per MTUS guidelines, in general, immobilization of the elbow/wrist should be avoided. An exception is immediately after surgery where brief immobilization may be required. Wrist splinting is sometimes utilized. However, some experts believe splinting potentially contributes to elbow pain. When immobilization is utilized, range-of-motion exercises should involve the elbow, wrist, as well as the shoulder, to avoid frozen shoulder (adhesive capsulitis). This injured worker had no history of a recent elbow or wrist surgery. The request for right wrist support is determined to not be medically necessary.