

Case Number:	CM15-0079307		
Date Assigned:	04/30/2015	Date of Injury:	06/13/2012
Decision Date:	05/29/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/24/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 55 year old male, who sustained an industrial injury on 6/13/12. He reported elbow pain. The injured worker was diagnosed as having right cubital tunnel syndrome. Treatment to date has included right endoscopic cubital and carpal tunnel releases of the right wrist on 11/26/13 and occupational therapy. Currently, the injured worker complains of difficulty with gripping and grasping with the right hand. Pain including the medial aspects of his elbows and hands were also noted. The treating physician requested authorization for post-operative elbow pad for the right elbow. The treatment plan included re-release of the right cubital tunnel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative elbow pad for right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter, Splinting (padding).

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

Decision rationale: The ACOEM, California MTUS and ODG do not specifically address the requested medication. The ODG states that elbow splinting is indicated in cubital tunnel syndrome in the form of a splint or foam elbow pad. The request is for postoperative elbow pad but the operation has not been approved and therefore this request is not medically necessary and not certified.