

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/19/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/19/2013

3/6/2011

8/12/2013

CM13-00010218

- 1) MAXIMUS Federal Services, Inc. has determined the request for **elastic elbow orthosis with stays** is medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 7/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/10/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request **for elastic elbow orthosis with stays is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The patient is a 61-year-old who was injured on the job on 03/06/2011 when he slipped and fell after he had applied a floor stripper material to remove dirt and debris from the floor's surface and hit his head and left elbow on a nearby wall. The patient has been treated with physical therapy, bracing, oral medications and activity modifications since the date of his surgical intervention for cubital tunnel release on 02/08/2013. However, the patient has had ongoing complaints of constant numbness and tingling in the elbow which radiate down the arm and into the fingers (which is worse with any contact to the affected elbow) that have been there since his surgery and, in fact, seem to have only gotten worse. Patient's diagnosis include left cubital tunnel syndrome status with surgical release on 02/08/2013. Treatment plan is elastic elbow orthosis with stays.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for elastic elbow orthosis with stays:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) Occupational Medical Practice Guidelines, Second Edition (Update 2007), Chapter 10, page 611. The Claims Administrator also cited the Official Disability Guidelines (ODG), Treatment Index , 11th Edition, (WEB), 2013, Elbow Chapter, Splinting (padding), which is not part of the MTUS.

The Expert Reviewer based his decision on the Elbow Disorders Chapter (ACOEM Practice Guidelines, 2nd Edition (Revised 2007), Chapter 10) pgs 45-46, which is part of the MTUS.

Rationale for the Decision:

The MTUS/ACOEM Guidelines recommend elbow padding for ulnar nerve entrapment, including cubital tunnel syndrome. The medical records provided for review indicate that during follow-up appointments, the employee complained of continued pain and tingling in the left hand. The employee was informed by the surgeon that the symptoms were likely to last for an extended period of time. The medical records also indicate that the employee received relief from a “makeshift” elbow padding that was made at the employee’s home. The request meets guideline criteria, and will help to prevent contact with hard surfaces, prevent additional pain, and will allow the employee to successfully return to work. **The request for elastic elbow orthosis is medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/pas

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.