

Case Number:	CM13-0016452		
Date Assigned:	11/06/2013	Date of Injury:	09/17/2010
Decision Date:	01/29/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain medicine, and is licensed to practice in Florida. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 57-year-old female with a reported date of injury of 09/17/2010. The mechanism of injury is described as performing her usual customary duties as a deli manager consisting of constant repetitive movement and lifting over 15 pounds of meat with the dominant right upper extremity. She was seen on 11/16/2010 and reported pain in her right elbow. She was taken to surgery on 02/01/2013 for left elbow medial epicondylitis diagnosis and the procedure performed was a left elbow medial epicondyle release and repair. She was subsequently taken back to surgery on 06/21/2013 for a left lateral epicondylar release and repair and ostectomy. She was seen on 10/15/2013 with pain rated at 4/10 to her right elbow and 5/10 to 6/10 to her left elbow. She reported increased pain with extension activity and also complained of increased numbness and pain in her right elbow and hand, especially in the morning. On exam, she lacked 10 degrees of flexion as compared to the right and her strength was rated between 4 to 5- on the left as compared to 4 to 5 on the right. Diagnoses at that time included status post left elbow lateral epicondyle release, status post left elbow medial epicondyle release, left elbow medial epicondylitis, left elbow lateral epicondylitis, and right medial epicondylitis. Plan going forward was to provide an elbow sleeve.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left elbow compression sleeve: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-40.

Decision rationale: MTUS/ACOEM, elbow chapter, states "There are a variety of physical methods which may be appropriate to use in the treatment of lateral epicondylalgia. However, as reviewed below, there is evidence of efficacy for certain methods, no evidence for several others, and evidence of a lack of efficacy for some. Published randomized controlled trials (RCTs) are needed to provide better evidence for the use of many physical interventions that are commonly employed. Some providers use a variety of procedures; yet conclusions regarding their effectiveness are not based on high-quality studies. Included among these interventions are epicondylalgia supports." The medical records submitted for the review indicate this patient has been taken to surgery twice with the last surgery being performed on 06/21/2013. The most recent clinical exam dated 10/15/2013 does indicate that she has some very slight decreased range of motion in the left elbow as compared to the right with flexion at 120 degrees versus 130 degrees. The elbow extensors on the left are rated 4/5 as on the right and elbow flexors are rated at 4-/5 on the left and 4/5 on the right. The provider indicates that a compression sleeve was to be ordered but does not indicate the rationale for providing this. He does not indicate that she had significant edema for which a compression sleeve might be beneficial and does not indicate that any other factors that would support the elbow sleeve at this time. The records do not indicate her current status as the most recent clinical note is 10/15/2013. As an epicondylar support is not completely supported by MTUS/ACOEM and as the provider has not documented a rationale for this support at this time, and as the claimant's current status is not documented, this request is not considered medically necessary and is non-certified.