

Case Number:	CM13-0050963		
Date Assigned:	12/27/2013	Date of Injury:	06/17/2009
Decision Date:	05/09/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/13/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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/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:

The injured worker is a 32-year-old female who reported an injury on 08/17/2009. The mechanism of injury involved repetitive work activity. Current diagnoses include lumbar spine intervertebral disc disease with radiculitis, bilateral lateral epicondylitis, right carpal tunnel syndrome, and status post left carpal tunnel release. The injured worker was evaluated on 10/16/2013. The injured worker has undergone a lumbar epidural steroid injection as well as physical therapy and a left carpal tunnel release. The injured worker has been provided with bilateral hand braces. The injured worker reported persistent pain in the bilateral upper extremities and lower back. Physical examination revealed 2+ tenderness over the lateral epicondyle bilaterally, tenderness over the palmar aspect of the hands, positive median nerve compression testing and Phalen's testing on the right, positive Tinel's testing bilaterally, 3+ tenderness with spasm in the paralumbar musculature, positive straight leg raising and Kemp's testing, 5/5 motor strength in bilateral lower extremities, and hypesthesia at the L4-S1 dermatomes on the left. Treatment recommendations included authorization for bilateral elbow braces, x-rays of bilateral elbows, wrists and hands, authorization for an orthopedic consultation, and a Functional Capacity Evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-RAY BILATERAL ELBOW AND WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG-TWC.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: ACOEM Guidelines state for most patients presenting with true hand and wrist problem, special studies are not needed until after a 4 to 6 week period of conservative care and observation. For most patients presenting with elbow problems, special studies are not needed unless a period of at least 4 weeks of conservative care and observation fails to improve symptoms. Plain film radiography is used to rule out osteomyelitis or joint effusion in cases of significant septic olecranon bursitis. As per the documentation submitted, the injured worker's physical examination of bilateral elbows only revealed 2+ tenderness over the lateral epicondyle with normal range of motion. There was no documentation of a significant musculoskeletal or neurological deficit. While it is noted that injured worker has been treated with physical therapy for the lumbar spine and an epidural steroid injection, there is no documentation of an attempt at conservative treatment for bilateral upper extremities. There is no indication of any red flags for serious pathology. The medical necessity has not been established. Therefore, the request is not medically necessary and appropriate.

BILATERAL ELBOW BRACE PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG-TWC.

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

Decision rationale: The ACOEM Guidelines state there is insufficient evidence to support the use of braces or epicondylalgia supports for the elbow. The injured worker's physical examination only revealed 2+ tenderness over the lateral epicondyle bilaterally. There was no indication of significant instability. The medical necessity has not been established. As such, the request is not medically necessary and appropriate.