

Case Number:	CM13-0064130		
Date Assigned:	01/03/2014	Date of Injury:	02/04/2013
Decision Date:	05/16/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/11/2013

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 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 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 patient is a 54 year old male who was injured on 2/4/13 as the result of a cumulative trauma affecting the right elbow, left wrist, bilateral knees and back. An MRI of the right elbow dated 9/17/13 revealed a severe degree of lateral epicondylitis with marked tendinosis involving the origin of the common extensor tendon. There was no evidence of acute tendon avulsion or surrounding edema. There was intact underlying radial collateral ligament proper and lateral ulnar collateral ligament. There was also small accessory anconeus epitrochlearis muscle without evidence of active ulnar neuritis. There was no evidence for acute intra-articular pathology. X-rays of the left wrist dated 10/7/13 revealed obvious scapholunate joint widening approximately 4mm compared to the right unaffected side on the clenched fist view. There is also DISI posture of the lunate. A progress note dated 9/25/13 documented the patient to have complaints of pain moderately involving his right elbow, which has progressively gotten worse over time. He has difficulties with his activities of daily living, pushing, pulling, repetitive activities, and difficulties sleeping at night due to pain. Objective findings on exam of the right elbow shows tenderness over the lateral epicondyle and extensor mass with painful wrist extension. His work status is that he is totally temporarily disabled. A progress note dated 10/7/13 documented the patient with complaints of pain that is 3-9/10 depending on activity. Pain can be dull or sharp in nature depending on activity. Pain is constant and it ranges from dull to excruciating. Objective findings on exam of the left wrist reveals focal tenderness at the radioscaphoid joint, more so of the scapholunate joint dorsally. There was a negative Wilson scaphoid shift test. Wrist flexion was at 60 degrees and extension was at 60 degrees. The impression was of chronic scapholunate ligament tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

SLING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC ELBOW PROCEDURE SUMMARY

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 17.

Decision rationale: According to the ACOEM guidelines, an isolated elbow sprain is relatively uncommon, as it is caused by a significant high-force trauma resulting in a disruption of ligament(s) about the elbow. The most common mechanism is a fall. Generally, a sprain is accompanied by other problems such as fracture, dislocation, or contusion. These potential complications need to be evaluated including the motor, sensory, and vascular systems. A shoulder sling may be used for up to one week. The patient presented with complaint of a cumulative trauma injury in February 2013. The medical records document that the patient had pain in the right elbow which had progressively gotten worse over time. He did not sustain an isolated high-force traumatic injury. On physical examination, there was tenderness over the lateral epicondyle and extensor mass with painful wrist extension. An MRI dated 9/17/13 revealed severe degree of lateral epicondylitis with marked tendinosis involving the origin of the common extensor tendon. The patient has diagnosed epicondylitis with tendinosis, not an acute elbow strain, and there are no accompanying concomitant injuries of the elbow, such as fracture or dislocation. In the absence of an acute elbow strain, the request for sling does not meet the guideline criteria. The medical necessity of a sling has not been established.