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| Case Number: | CM14-0015922 | | |
| Date Assigned: | 06/04/2014 | Date of Injury: | 11/19/2008 |
| Decision Date: | 07/11/2014 | UR Denial Date: | 01/24/2014 |
| Priority: | Standard | Application Received: | 02/07/2014 |

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 Internal Medicine, 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 injured worker is an 18 year old male who reported an injury to his left elbow. The AME dated 02/25/13 indicates the injured worker had been lifting heavy objects and aggravated his left elbow, shoulder, and low back. The injured worker was also involved with prolonged kneeling, stooping, and squatting as a drywall finisher. The clinical note dated 05/21/13 indicates the injured worker complaining of 8-10/10 pain at the left elbow and shoulder. The injured worker had been wearing a sling at the left upper extremity. Palpation of the left elbow revealed tenderness over the lateral epicondyle. The injured worker was identified as having a positive Cozen's test. The clinical note dated 09/10/13 indicates the injured worker complaining of 7-8/10 left elbow pain. The note also indicates the injured worker having left shoulder pain as well. The note indicates the injured worker having completed 18 physical therapy sessions to date. The note also indicates the injured worker having undergone 1 Cortisone injection at the left shoulder. The injured worker's past medical history is significant for a shoulder surgery in May of 2013. Upon exam, tenderness was identified upon palpation at the radial head of the left elbow. Pain was elicited at the end ranges of motion at the left elbow as well. The injured worker was able to demonstrate 20 to 85 degrees of range of motion at the left elbow. The surgery note dated 11/22/13 indicates the injured worker undergoing a left elbow arthroplasty with a capsular release and arthrotomy. The clinical note dated 12/03/13 indicates the injured worker rating the left elbow pain as 4/10. The injured worker continued with the use of a sling supporting the left elbow. Mild swelling was identified. No infection was revealed at the surgical site. The injured worker was able to demonstrate 20 to 80 degrees of range of motion at the left elbow. 3+/5 strength was identified on flexion and extension. The clinical note dated 01/07/14 indicates the injured worker continuing with 5/10 pain at the left elbow. The injured worker was able to demonstrate -5 to 100 degrees of range of motion at the left elbow with 4+/5

strength. The utilization review dated 01/24/14 resulted in a denial for a 6 month rental of an elbow dynasplint as a lack of information had been submitted supporting the medical necessity of the request. The injured worker stated that he was in constant pain in regards to the left elbow. The injured worker reported a clicking and popping sensation with associated stiffness and weakness. The injured worker had stated that he was frequently dropping objects.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT ELBOW EXTENSION DYNA SPLINT AND LEFT ELBOW FLEXION DYNASPLINT RENTAL FOR 6 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 573-574.
Decision based on Non-MTUS Citation ODG Elbow.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Splinting (padding), and Static progressive stretch (SPS) therapy.

Decision rationale: The documentation indicates the injured worker having undergone a surgical intervention at the left elbow. The postoperative clinical notes indicate the injured worker continuing with range of motion deficits postoperatively. There is an indication the injured worker may have undergone postoperative therapy. However, no therapy notes were included in the submitted documentation. A static progressive stretch device is indicated for injured workers who have previously undergone conservative treatments addressing the elbow range of motion deficits. Without the information confirming the injured worker's previous conservative treatments, the requested dynasplint is not medically necessary and appropriate.