

Case Number:	CM14-0125545		
Date Assigned:	08/11/2014	Date of Injury:	06/01/2010
Decision Date:	10/06/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/07/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 57-year-old gentleman was reportedly injured on June 1, 2010. After a thorough review of the medical records, the mechanism of injury was not listed. The most recent progress note, dated May 14, 2014, indicates that there are ongoing complaints of left elbow pain. Current medications include Norco and Promolaxin. The physical examination demonstrated a well healed incision from prior surgery. There was mild hypertrophy in the area of this incision. There was mild tenderness at the medial and lateral epicondyles and near full elbow range of motion. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a left elbow hemiarthroplasty. A request had been made for a left elbow strap and was not certified in the pre-authorization process on July 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Elbow Strap: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, Tennis Elbow Band, Updated May 15, 2014.

Decision rationale: According to the Official Disability Guidelines the use of a elbow strap or tennis elbow band is recommended for epicondylitis however there is positive but limited evidence. The most recent progress note dated May 14, 2014, does not include a diagnosis or physical examination findings consistent with lateral epicondylitis. As such, this request for a left elbow strap is not medically necessary.