

<b>Case Number:</b>	CM14-0149110		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	01/19/2012
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 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:

Medical records reflect the claimant sustained a work injury on 1-19-12. The claimant is status post right first dorsal compartment release and excision of dorsal ganglion cyst on 1-14-14. Office visit on 8-4-14 notes the claimant reports pain to the right wrist, painful lump on the right wrist, inflammation and numbness in the hand and fingers. There was a recommendation for MRI of the right wrist. The claimant has now a larger than ever soft tissue/cystic mass in the region of the volar radial wrist. No clear evidence of recurrent dorsal wrist masses. There is local induration and bony prominence and pain to palpation of the Carpal boss at CMC 2/CMC 3 level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right elbow brace EDS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Bracing.

**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 - Braces.

**Decision rationale:** ODG notes that a brace is under study for epicondylitis. No definitive conclusions can be drawn concerning effectiveness of standard braces or splints for lateral epicondylitis. It is further noted that if used, bracing or splinting is recommended only as short-term initial treatment for lateral epicondylitis in combination with physical therapy. There is an absence in documentation to support the use of an elbow brace at this time or without documentation of physical therapy. Therefore, the medical necessity of this request is not established.