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| Case Number: | CM14-0172542 | | |
| Date Assigned: | 10/23/2014 | Date of Injury: | 12/07/2007 |
| Decision Date: | 12/02/2014 | UR Denial Date: | 09/22/2014 |
| Priority: | Standard | Application Received: | 10/17/2014 |

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 patient is an injured worker with a history of left elbow injury. The date of injury was 12-07-2007. Qualified medical evaluator dated May 21, 2013 documented the patient has on the left upper extremity complaints. She has had left elbow surgeries including an elbow replacement. In December 2007, the patient experienced a slip and fall injury at work. She was found to have a displaced lateral condyle fracture of the left elbow. She underwent a left elbow replacement in November 2009. The patient is status post open reduction internal fixation left elbow, ulnar transposition with residual ulnar neuropathy, status post removal of screws from the left elbow, status post infected left elbow, and status post left elbow arthroplasty November 23, 2009 with a history of infected non-union. Primary treating physician's report dated September 10, 2013 documented subjective complaints of left elbow pain. Physical examination was documented. Elbow examination demonstrated no visible deformity or asymmetry bilaterally. There is no bursa edema, erythema, or warmth. There are well-healed scars in left elbow from her surgeries. Range of motion of the left elbow measurement was flexion 120 degrees, extension -75 degrees, supination 70 degrees, and pronation 80 degrees. There is no tenderness to palpation of the joint articulations bilaterally. There is no tenderness to palpation of the extensor attachment at the lateral epicondyle bilaterally. There is no tenderness to palpation of the flexor attachment at the medial epicondyle bilaterally. There is no tenderness to palpation of the olecranon bursa bilaterally. Tennis elbow, Tinel's elbow, and elbow flexion provocative tests were negative. Orthopedic agreed medical evaluation report dated 10/29/13 documented diagnoses including status post fall December 2007 with history of injury to the left upper extremity, status post open reduction and internal fixation of the left elbow, transposition with residual ulnar neuropathy, status post removal of screws from the left elbow, history of infection left elbow, elbow

arthroplasty, diabetes mellitus, and hypertension. Utilization review determination date was 9/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Hinged Elbow Brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 41-42.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses elbow orthotics and immobilization. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 10 Elbow Complaints (Revised 2007) presents a summary of recommendations for elbow conditions. Orthotics, braces, splinting, padding, and supports are recommended for epicondylalgia and ulnar neuropathies. Medical records document a history of elbow injury and surgeries. The latest progress report dated 3/12/14 documented an evaluation of the right knee, but did not document an evaluation of the elbow. No medical records documenting an elbow evaluation from the year 2014 were presented in the submitted medical records. The available submitted medical records do not support the request for a hinged elbow brace. Therefore, the request for Left hinged elbow brace is not medically necessary.