

<b>Case Number:</b>	CM14-0020025		
<b>Date Assigned:</b>	04/28/2014	<b>Date of Injury:</b>	06/01/1992
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 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 clinical records note a diagnosis of bilateral carpal tunnel syndrome for the 66-year-old female injured worker. Morbidity is noted at 5'8", 215 pounds. Shoulder arthroscopy surgical scars are noted. A full range of motion of the elbow is reported. Finkelstein's test is negative bilaterally. The orthopedic consultation completed in December 2013 noted the date of injury (1992), the current body habitus, and the physical examination of the bilateral upper extremities noted no overt pathology. A slight right thenar atrophy is noted. Plain films noted osteoarthritic changes of the joint of the thumb. The injured worker was fitted for a thumb spica splint. A thorough Qualified Medical Examination (QME) report was reviewed. There was no pathology noted relative to the bilateral elbows. A full range of motion is reported upon physical examination. Chiropractic care was granted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL ELBOW FLEXION BLOCK SPLINTS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The purpose of this device is to restrict elbow range of motion. When noting the diagnosis of carpal tunnel syndrome, and the shoulder surgery completed, there is no data presented to suggest the need for an elbow flexion block splint. There is a full range of motion of the bilateral elbows, and there is no associated pain generator. There is no noted pathology (to include epicondylitis or cubital tunnel syndrome), there is limited literature, and that would only support the two diagnoses noted. As such, the request is not medically necessary.