

Case Number:	CM14-0032977		
Date Assigned:	04/18/2014	Date of Injury:	07/16/2001
Decision Date:	07/02/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/13/2014

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:

The injured worker is a 67 year old male who reported an injury on 07/16/2001; the mechanism of injury was not provided in the medical records. The clinical note dated 03/21/2014 reported daily pain rated 7-8/10, frequent spasms, frequent numbness and tingling in the bilateral forearms and bilateral hands. The injured workers pain increased with sitting or standing longer than 30 minutes to an hour. Physical exam findings reported lumbar extension at 10 degrees and flexion at 35 degrees, right upper extremity abducted to 110 degrees, left upper extremity abducted to 150 degrees, right elbow extended to 160 degrees, and flexed to 150 degrees. He had full range of motion of the left wrist and hand. His bilateral lower extremities extended to 180 degrees, and flexed to 100 degrees. He was recommended for a Medial joint custom unloading brace, as well as a hinged elbow brace at night time "to prevent extension of the left hip." The injured worker was diagnosed with right lateral epicondylitis, right shoulder impingement; the request for authorization form was dated 03/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MEDIAL JOINT LINE CUSTOM UNLOADING BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Brace, Criteria For Knee Braces, Unloader braces for the knee.

Decision rationale: The request for a medial joint line custom unloading brace is non-certified. According to the Official Disability Guidelines, the criteria for the use of a custom knee brace is appropriate for those who have abnormal limb contour, skin changes, severe osteoarthritis, maximal off-loading of painful or repaired knee compartment, or severe instability. Unloader braces are designed specifically to reduce the pain and disability associated with osteoarthritis of the medial compartment of the knee by bracing the knee in the valgus position in order to unload the compressive forces on the medial compartment. The medical documentation included in this review does not report any significant instability, skin changes, diagnosis of osteoarthritis, or abnormal limb contour. Therefore, the request for 1 Medial Joint Line Custom Unloading Brace is not medically necessary.

1 HINGED BRACE: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

Decision rationale: The request for a hinged brace is certified. According to American College of Occupational and Environmental Medicine guidelines, quality studies are available on Epicondylalgia supports in acute, sub acute, and chronic lateral Epicondylalgia patients. Although the braces most commonly used in research studies are not widely used in the US, there is evidence of benefits. These options are low cost, have few side effects, and are not invasive. Thus, while there is insufficient evidence to support their use, they are recommended. The injured worker has a diagnosis of Epicondylalgia. Therefore the request for 1 Hinged Brace is medically necessary.