

Case Number:	CM14-0035222		
Date Assigned:	06/23/2014	Date of Injury:	04/06/1999
Decision Date:	08/28/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	03/21/2014

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 Orthopaedic 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 42-year-old male sustained an industrial injury on 4/6/99. The injury occurred while he was moving a heavy wooden wall on a forklift. The structure fell on him and forced him to the ground. He underwent a C5/6 cervical fusion in 2003 and subsequent hardware removal in 2008. He underwent right shoulder surgery in 2004 and left shoulder rotator cuff repair on 6/13/11. The left elbow MRI impression on 9/29/13 documented mild lateral epicondylitis. Medical records indicated that the patient used a left elbow support on a daily basis. The physician progress report on 11/27/13 cited left elbow pain. Left elbow physical exam documented tenderness and pain over the medial aspect of the left elbow and slight tenderness over the lateral aspect. Tinel's test was positive over the cubital tunnel. There was medial epicondylar pain with resisted wrist flexion. There was no swelling. The diagnosis was left medial epicondylitis. An elbow support was prescribed with no specific rationale to support medical necessity. The utilization review on 3/21/14 denied the retrospective request for an elbow support based on absence of documentation medical necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

One retrospective request for purchase EPI (epicondylitis) med clasp large universal elbow support for the left elbow: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM -

<https://www.acoempracguides.org/Elbow;Table 2.,Summary of Recommendations, Elbow Disorders>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 26.

Decision rationale: The California MTUS ACOEM Guidelines, Elbow recommends the use of epicondylalgia support (tennis elbow bands, braces, or epicondylitis straps) for the treatment of lateral and medial epicondylitis. There was quality evidence of benefit with the use of elbow support in acute, subacute and chronic epicondylalgia patients. Therefore, the retrospective request for purchase EPI med clasp large universal elbow support for the left elbow is medically necessary.