

<b>Case Number:</b>	CM14-0038140		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	12/16/2008
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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, has a subspecialty in Pain Medicine 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 52 year old female with a date of injury of 12/16/08 due to cumulative trauma. The injured worker complains of pain in the neck and shoulders with numbness in the hands at the 4th and 5th digits bilaterally. The injured worker also complains of left elbow pain from a small lesion at her lateral elbow. The injured worker is diagnosed with chronic pain syndrome, myofascial pain syndrome, bilateral pain in the limb, sprain of the shoulder/arm (not otherwise specified) and neck pain. Records indicate the injured worker is status post ganglion block and Bier block. Qualified medical examination dated 12/12/13 notes the injured worker has reached maximum medical improvement. Clinical note dated 01/15/14 notes durable medical equipment is medically necessary for the injured worker's condition and will assist in stabilizing/immobilizing the joint. It is noted there has been failure of care without bracing. A request is made for bilateral elbow pads. Clinical note dated 01/29/14 notes the injured worker may work with the following restrictions: lifting not to exceed 15 pounds, push/pull not to exceed 15 pounds and the ability to sit/stand as needed. This note indicates the injured worker has a history of chronic pain syndrome with an emotional overlay and would benefit from pain management counseling.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: Bilateral Elbow Pads:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation/Elbow.

**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, Section on Splinting (padding).

**Decision rationale:** The request for bilateral elbow pads is not recommended as medically necessary. Official Disability Guidelines (ODG) supports the use of elbow splinting/padding for cubital tunnel syndrome/ulnar nerve entrapment. The Official Disability Guidelines notes, "If used, bracing or splinting is recommended only as short-term initial treatment for lateral epicondylitis in combination with physical therapy." There is no indication physical therapy is a planned treatment for the injured worker. Records also do not include evidence that the use of the elbow pads is intended to be used as a short term treatment. There is no indication of lateral epicondylitis. There is no documentation which states the injured worker is diagnosed with cubital tunnel syndrome. Based on the clinical information submitted for review, medical necessity of bilateral elbow braces is not established.