

Case Number:	CM14-0041157		
Date Assigned:	06/30/2014	Date of Injury:	01/13/2009
Decision Date:	08/13/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/07/2014

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 Occupational & Environmental Medicine and is licensed to practice in West Virginia. 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 individual is a 46 year old male with a 1-13-2009 date of injury. The individual had left elbow surgery October 2012. He has lateral epicondylitis bilaterally with a history of right elbow overuse syndrome. Other diagnosis include L4-5 disc degeneration and disc bulge. He has been treated with activity modification, physical therapy, medication, cortisone injections, and splinting. Currently, individual complains of left elbow pain that is constant and worsening over the last few months (subjective). Individual has palpable tenderness over bilateral medial epicondyle and lateral epicondyle. He has a negative Tinel's sign and has pain with supination at 70 degrees (objective). An elbow brace was requested for stabilization and pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left elbow 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.

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

Decision rationale: There are a few different studies noted in the Occupational Medicine Practice Guidelines available on the use of Epicondylgia supports (bands, braces and straps).

One such study noted in the guidelines concluded that after 3 months of brace treatment, individuals experienced a decrease in pain, improvement in functionality of the arm, and pain-free grip strength in patients with lateral epicondylitis. The benefits lasted up to 12 months after cessation of the brace. Quality studies are available on brace use in acute, subacute, and chronic lateral epicondylalgia sufferers, but the braces used in the research studies are not widely used in the United States. Braces are a non-invasive, low cost option with few side effects. MTUS recommends their use, therefore the left elbow brace is deemed medically necessary.