MAXIMUS Federal Services

Case Number:	CM14-0060845		
Date Assigned:	07/09/2014	Date of Injury:	09/18/2008
Decision Date:	08/08/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/01/2014

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 Family Practice 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 53 year old male claimant sustained a work related injury on 9/8/08 involving both upper extremities. He has a diagnosis of left elbow epicondylitis, extensor tenosynovitis, right elbow epicondylitis and bilateral wrists tenosynovitis. She underwent a left ulnar nerve release in July 2013 and used oral analgesics as well as counter-force elbow braces post-operatively. She underwent denervation of the left lateral elbow, implantation of posterior branches of the left arm, and debridement and release of the left elbow on 2/4/14. A progress note on 2/13/14 indicated the claimant had 7-8/10 pain in the left elbow and hand. Her physical exam was unremarkable. She had used Norco for symptoms. She had used a sugar tong splint for 1 week and was requested to remove it and use it intermittently to improve range of motion. Subsequent request was made for continuation of a Counter Force Elbow Brace for use from 4/7/14-6/1/14. Clinical indications for the request were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Counter-Force Elbow brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Chapter- Elbow Brace, See splinting.

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

Decision rationale: According to the ACOEM guidelines, there is insufficient evidence for support of brace use but they are recommended for initially therapy. Most studies support up to 12 weeks use. According to the clinical information, the claimant had used the brace for several months after the initial surgery in 2013. The additional request was not specified in the clinical notes nor the reason for length of treatment. The physician had already weaned off of splint. The continued use of a counter brace is therefore not medically necessary.