

Case Number:	CM14-0085370		
Date Assigned:	07/25/2014	Date of Injury:	02/07/2013
Decision Date:	12/15/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/09/2014

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 Internal Medicine, has a subspecialty in Hospice/Palliative Medicine and is licensed to practice in Pennsylvania. 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 36-year-old woman with a date of injury of 02/07/2014. A visit note dated 03/13/2013 identified the mechanism of injury as cumulative trauma while working as a sewing machine operator. Treating physician notes dated 03/13/2014 and 05/01/2014 indicated the worker was experiencing pain in the lower and upper back, neck, left shoulder, both wrists and hands, left ribs, right ankle and foot, and right knee; headaches; and wrist and hand numbness and tingling on both sides. The examination documented on 05/01/2014 described left shoulder tenderness, left shoulder impingement signs, and right elbow tenderness; the examination documented on 03/13/2014 did not include assessments of the elbows. The submitted and reviewed documentation concluded the worker was suffering from lumbar strain and sprain, cervical radiculopathy, carpal tunnel syndrome involving both wrists, left shoulder impingement, right knee patellofemoral pain, right ankle on-going sprain, left ankle sprain, and left elbow medial epicondylitis. Treatment recommendations included oral pain medication, left shoulder physical therapy; follow up care, and a left elbow brace. A Utilization Review decision was rendered on 05/23/2014 recommending non-certification for a left medial epicondylar elbow brace. A physical therapy assessment dated 04/02/2014 and a chiropractic care report dated 12/04/2013 were also reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left elbow medial epicondylar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-40. Decision based on Non-MTUS Citation Official Disability Guidelines. Elbow Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 26 AND 31-32.

Decision rationale: Medial epicondylitis causes elbow pain, often through overuse. It is much less common than lateral epicondylitis, and its treatment is mostly inferred from the treatment of lateral epicondylitis. The MTUS Guidelines generally support the use of braces in treating lateral epicondylitis. While the literature has shown mixed results, braces are low cost, have few negative side effects, and are not invasive. The submitted and reviewed documentation indicated the worker was experiencing pain throughout the worker's body. While the reviewed records reported the worker had had left elbow pain in the past, only the visit note dated 05/01/2014 indicated elbow pain was an active issue. This visit note reported the worker was experiencing left shoulder pain and numbness and tingling in fingers #4 and #5 (left or right fingers was unclear). The documented examination for that visit described right elbow tenderness. This visit note concluded the worker was suffering from left elbow medial epicondylitis, and treatment recommendations included a left elbow brace. There was no further discussion about the use of the brace. The documentation was unclear if the worker had issues with both elbows, symptoms on the left but tenderness on the right, or if a documentation error had occurred. No additional submitted and records supported the use of an elbow brace or documented symptoms or signs of epicondylitis for comparison or clarification. In the absence of such evidence, the current request for a left medial epicondylar elbow brace is not medically necessary.