

<b>Case Number:</b>	CM14-0012652		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	08/12/2010
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 61 year old female, who sustained an industrial injury on 8/12/2010. The current diagnoses are cervical disc protrusion and stenosis, right shoulder impingement syndrome, subacromial-sub deltoid bursitis, infraspinatus tendonitis, left acromioclavicular osteoarthritis and tendonitis, subchondral cyst formation in the bilateral wrists, bilateral carpal tunnel syndrome status post release, bilateral De Quervain's disease, and wrist tenosynovitis. Treatment to date has included medications and surgery. There were no subjective complaints documented in the progress report dated 7/8/2013. The current plan of care includes left tennis elbow brace purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT TENNIS ELBOW BRACE PURCHASE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, TENNIS ELBOW BAND.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Elbow (Acute & Chronic) chapter, Splinting.

**Decision rationale:** The documentation provided does not include any subjective complaints. The patient's date of injury is 08/12/10. Patient is status post bilateral carpal tunnel release at dates unspecified. The request is for LEFT TENNIS ELBOW BRACE PURCHASE. The RFA is dated 12/13/13. Physical examination findings were not made available for review. There is only one progress note included with the paperwork, though the scan is poor and the document is entirely illegible. The patient's current medication regimen is not provided. Diagnostic imaging was not included. Patient's current work status was not provided. ODG Guidelines, Elbow (Acute & Chronic) chapter, under Splinting states the following: "Recommended for cubital tunnel syndrome (ulnar nerve entrapment), including a splint or foam elbow pad worn at night (to limit movement and reduce irritation), and/or an elbow pad (to protect against chronic irritation from hard surfaces). (Apfel, 2006) (Hong, 1996) Under study for epicondylitis. No definitive conclusions can be drawn concerning effectiveness of standard braces or splints for lateral epicondylitis. (Borkholder, 2004) (Derebery, 2005) (Van De Streek, 2004) (Jensen, 2001) (Struijs, 2001) (Jansen, 1997) If used, bracing or splinting is recommended only as short-term initial treatment for lateral epicondylitis in combination with physical therapy. (Struijs, 2004) (Struijs, 2006) Some positive results have been seen with the development of a new dynamic extensor brace but more trials need to be conducted. Initial results show significant pain reduction, improved functionality of the arm, and improvement in pain-free grip strength. The beneficial effects of the dynamic extensor brace observed after 12 weeks were significantly different from the treatment group that received no brace. The beneficial effects were sustained for another 12 weeks. (Faes, 2006) (Faes2, 2006) Static progressive splinting can help gain additional motion when standard exercises seem stagnant or inadequate, particularly after the original injury. Operative treatment of stiffness was avoided in most patients. (Doornberg, 2006) These results differ from studies testing standard bracing which showed little to no effect on pain." In regard to the request for an elbow brace, the treater has not provided a reason for the request. There is no documentation that this patient has received any bracing to date. However, there are no subjective complaints, physical findings, imaging, or a rationale provided as to why this patient requires a brace for her elbow. The reports only discuss carpal tunnel symptoms. Without a clearer picture of this patient's clinical history the purchase of bracing cannot be substantiated. The request IS NOT medically necessary.