

<b>Case Number:</b>	CM14-0187781		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	11/13/2012
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 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 61-year-old gentleman with a date of injury of 12/14/2007. An AME supplemental report dated 10/22/2014 identified the mechanism of injury as cumulative trauma over time. No direct clinical records were submitted for review. This supplemental AME report summarized some of the worker's prior records as indicating the worker was experiencing neck pain that went into the arms, left arm weakness, decreased left arm sensation, and lower back pain that went into the legs in 03/2014. Documented examinations reportedly described left arm weakness, left leg tenderness, and decreased left arm and left outer leg sensation. This report summarized the worker was suffering from abnormal median sensory and motor neuropathy at the wrist with evidence of demyelination and axonal damage, left ulnar motor neuropathy at the elbow, ulnar motor neuropathy involving both wrists, and cervical radiculopathy. Treatment recommendations included medication injected into the knee joints, consultation with a pain management specialist, injected medications near the upper back spinal nerves, activity modification, and follow up care. A Utilization Review decision was rendered on 10/16/2014 recommending non-certification for a "tennis elbow" brace for the right elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tennis elbow brace (right elbow):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-40.

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

**Decision rationale:** Lateral epicondylitis (also known as "tennis elbow") causes elbow pain, often through overuse. 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. A supplemental AME report summarized some of the worker's prior records as indicating the worker was experiencing neck pain that went into the arms, left arm weakness, decreased left arm sensation, and lower back pain that went into the legs in 03/2014. No direct clinical records were submitted for review. This report did not specify the prior documentation had concluded the worker was suffering from lateral epicondylitis. Treatment recommendations did not suggest the use of an elbow brace. There was no discussion supporting this request in the documentation submitted for review. In the absence of such evidence, the current request for a "tennis elbow" brace for the right elbow is not medically necessary.