

<b>Case Number:</b>	CM14-0202051		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	08/03/2014
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Occupational Medicine, 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:

This individual is a 47 y/o female who developed persistent spinal, shoulder and hip pain subsequent to a slip and fall on 8/3/14. She has cervical and lumbar pain that is reported to be 7/10 VAS scoring. She is diagnosed with a double crush syndrome with positive Phalens and Tinels testing for median nerve irritability. There is no physical examination of the elbow and there is no elbow-associated diagnosis. Medication consists of Advil only.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left elbow sleeve for 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 (ODG), Elbow Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 23-25.

**Decision rationale:** MTUS Guidelines provide minimum standards considered adequate to justify treatment and medical diagnosis. These standards are not met in association with the request for an elbow sleeve. There is no exam or reasonable diagnosis associated with the request. The elbow sleeve for purchase is not medically necessary.

**Left wrist brace for purchase:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand Chapter, Splints Section.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-7, 272.

**Decision rationale:** MTUS Guidelines support the use of a wrist splint for treatment of carpal tunnel syndrome. There are physical exam findings supportive of this diagnosis. The wrist splint purchase is medically necessary.