

<b>Case Number:</b>	CM14-0203447		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	05/22/2011
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Orthopedic Surgery 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:

54 year old female claimant with an industrial injury dated 05/22/11. The patient is status post an epicondylectomy and fasciotomy as of 10/03/13. Exam note 10/28/14 states the patient returns with elbow pain. The patient reports pain, numbness, and tingling in the bilateral hands. The patient experiences difficulty gripping, grasping, torqueing, lifting, pushing, pulling, and personal hygiene. Upon physical exam there was evidence of tenderness along the first extensor and the A1 pulley with a large nodular A1 pulley sheath. There was also tenderness noted along the carpal tunnel area with the Tinel's test at the elbow and the patient can successfully make a fist. Exam Finkelstein was noted as positive. It is noted that there is evidence of DeQuervain's tenosynovitis on the right. Diagnosis is noted as epicondylitis medially and laterally on the left and right, cubital tunnel syndrome bilaterally, carpal tunnel syndrome bilaterally, and chronic pain syndrome. Treatment includes a right elbow hinged brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EO with joint, prefabricated:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Guidelines, Wrist Magnetic Resonance Imaging (MRI)

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

**Decision rationale:** The CA MTUS/ACOEM, Elbow Disorders, page 26 states that the use of a brace is supported for conservative treatment. The exam notes from 10/28/14 do not demonstrate any functional deficits or instability that would warrant an elbow brace. Therefore the request for an elbow brace is not medically necessary and appropriate.

**MRI joint UPR extrem w/o dye:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Wrist Magnetic Resonance Imaging (MRI)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand, MRI wrist.

**Decision rationale:** The CA MTUS/ACOEM Chapter 11, Forearm, Wrist and Hand Complaints, page 269, states that wrist/hand imaging may be appropriate. Imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. The Official Disability Guidelines Forearm, Wrist and Hand state MRI of the wrist is indicated for acute hand or wrist trauma or to evaluate for suspected acute scaphoid fracture, gamekeeper injury, soft tissue tumor or to evaluate for Kienbocks's disease. In this case there are no red flag indications from the exam note from 10/28/14 for MRI and no evidence of suspected fracture, Kienbocks or gamekeeper injury. In addition no plain radiograph findings are documented in this case. Therefore the request is not medically necessary.