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| Case Number: | CM15-0005045 | | |
| Date Assigned: | 01/16/2015 | Date of Injury: | 02/16/2010 |
| Decision Date: | 03/11/2015 | UR Denial Date: | 12/16/2014 |
| Priority: | Standard | Application Received: | 01/09/2015 |

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 53 year old male who sustained an industrial injury on February 16, 2011. He has reported continued total body pain, chronic fatigue, and trouble sleeping and has been diagnosed with myalgia and myositis and postoperative shock. An MRI of the right shoulder in 2012 indicated a supraspinatus tendon tear with impingement. Treatment to date has included medical imaging, surgery, and medications. Currently the injured worker has tender and swollen muscles around the right shoulder posterior. The treatment plan included pain medication. On December 16, 2014 Utilization Review non certified replacement of left elbow brace citing the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement of Left Elbow Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Elbow Procedure Summary

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

Decision rationale: According to the ACOEM guidelines, prolonged bracing is optional after surgery. It is recommended for wrist strains. IN this case, the claimant did not have recent elbow surgery. The length of time for the brace use was not specified. The injury was chronic. The request for an elbow brace is therefore not medically necessary.