

<b>Case Number:</b>	CM15-0008291		
<b>Date Assigned:</b>	01/23/2015	<b>Date of Injury:</b>	07/19/2013
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 59 year old female, who sustained an industrial injury on 7/19/13. She has reported back and left arm injuries. The diagnoses have included synovitis, lateral epicondylitis and sprain of neck. Treatment to date has included medications, physical therapy, acupuncture treatments and injection of right elbow. Magnetic Resonance Imaging (MRI) of thoracic spine was noted to show minimal degenerative changes of the lower thoracic spine, (MRI) magnetic resonance imaging of cervical spine revealed minor degenerative changes of the cervical spine and nerve conduction studies were read as normal. Currently, the IW complains of neck pain increased with cold weather. Physical exam dated 11/18/14 revealed decreased range of motion of neck. On 1/5/15 Utilization Review non-certified left elbow tennis support, noting the last report did not indicate left elbow pain. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 1/14/15, the injured worker submitted an application for IMR for review of left elbow tennis support.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left elbow tennis support:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 595.

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

**Decision rationale:** There are a few different studies noted in the Occupational Medicine Practice Guidelines available on the use of Epicondylgia supports (bands, braces and straps). One such study noted in the guidelines concluded that after 3 months of brace treatment, individuals experienced a decrease in pain, improvement in functionality of the arm, and pain-free grip strength in patients with lateral epicondylitis. The benefits lasted up to 12 months after cessation of the brace. Quality studies are available on brace use in acute, subacute, and chronic lateral epicondylgia sufferers, but the braces used in the research studies are not widely used in the United States. Braces are a non-invasive, low cost option with few side effects. Guidelines recommend the use of elbow braces due to the efficacy of their use. The treating physician has provided medical documentation to meet the above guidelines. As such, the request for Left elbow tennis support is medically necessary.