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| Case Number: | CM15-0101756 | | |
| Date Assigned: | 06/04/2015 | Date of Injury: | 03/20/2015 |
| Decision Date: | 07/20/2015 | UR Denial Date: | 05/15/2015 |
| Priority: | Standard | Application Received: | 05/27/2015 |

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 56 year old male who sustained an industrial injury on 3/20/15. The injured worker was diagnosed as having bilateral upper extremity pain and stiffness secondary to cervical spine compression. Currently, the injured worker was with complaints of left elbow discomfort. Previous treatments included status post cervical laminectomy and fusion (3/21/15), physical therapy and medication management. Previous diagnostic studies included radiographic studies. Physical examination was notable for left and right upper extremities with mild swelling and tenderness to palpation over the posterior elbow and decreased range of motion. The plan of care was for elbow Dynasplints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pair of Elbow Flexion Dynasplint, Qty 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Elbow chapter - Splinting (padding).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow section, Splinting.

Decision rationale: Pursuant to the Official Disability Guidelines, pair elbow flexion Dynasplints #2 is not medically necessary. Splinting is recommended for cubital tunnel syndrome (ulnar nerve entrapment), including a splint or phone elbow pad worn at night, and/or an elbow pad. Splinting his understudy for epicondylitis. No definitive conclusions can be drawn concerning effectiveness of standard braces or splints for lateral epicondylitis. If used, bracing or splinting is recommended only as a short-term initial treatment for lateral epicondylitis in combination with physical therapy. In this case, the injured worker's working diagnoses are central cord syndrome with tetraparesis secondary spinal cord contusion at C4 & C5 level; multiple facial fractures secondary to a fall; mild cognitive deficit due to traumatic brain injury improved; recent sepsis with Pseudomonas bacteremia; and diabetes mellitus. The injured worker is receiving physical therapy, occupational therapy three hours per day five days per week. The injured worker is hospitalized at an acute rehabilitation center. Objectively, according to a May 8, 2015 progress note, the injured worker's neurologic evaluation is notable for tetraparesis with upper extremities being weaker than the lower extremities. The remainder of the physical examination appeared unremarkable. The treatment plan indicates continue occupational therapy and pending dynasplint. There is no clinical indication or rationale for the Dynasplint. There is no diagnosis for specific entity referencing the dynasplint. Consequently, absent clinical documentation with detailed range of motion about the elbow and a clinical indication/rationale for the Dynasplint, pair elbow flexion Dynasplints #2 is not medically necessary.