

Case Number:	CM15-0018695		
Date Assigned:	02/06/2015	Date of Injury:	11/04/2010
Decision Date:	04/03/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/02/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47-year-old female who reported an injury on 12/10/2010. The mechanism of injury involved repetitive activity. The current diagnoses include right tennis elbow, right shoulder sprain, and right wrist carpal tunnel syndrome. The injured worker presented on 12/22/2014 for a follow-up evaluation. It was noted that the injured worker had been previously treated with physical therapy, acupuncture, pain medication, and 2 cortisone injections. The injured worker presented with multiple complaints of pain over several areas of the body as well as psychological and internal complaints. The current medication regimen includes ibuprofen 800 mg, Sanctura, Prostin 20 mg, and omeprazole. Upon examination of the bilateral elbows, there was pain to palpation over the right lateral epicondyle, a negative Tinel's sign, tenderness on the right extensor muscles, diminished range of motion of the bilateral elbows, and increased pain with forceful gripping on the right. Recommendations at that time included a right wrist carpal tunnel syndrome brace and a right elbow counterforce brace. A Request for Authorization form was then submitted on 12/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right elbow counterforce brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-40.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state quality studies are available on epicondylalgia supports in acute, subacute, and chronic lateral epicondylalgia patients, although the braces most commonly used in research studies are not widely used in the United States. The authors conclude that brace treatment might be useful as an initial therapy. Combination therapy has no additional advantages compared to physical therapy. In this case, the injured worker was greater than 4 years status post initial work related injury. The injured worker was no longer within the acute phase of treatment. The medical necessity for the requested durable medical equipment has not been established in this case. Therefore, the request is not medically appropriate.