MAXIMUS Federal Services

Case Number:	CM15-0146220		
Date Assigned:	08/07/2015	Date of Injury:	02/28/2014
Decision Date:	09/10/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/27/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is represented 47-year-old who has filed a claim for chronic shoulder and elbow pain reportedly associated with an industrial injury of February 28, 2014. In a Utilization Review report dated June 25, 2015, the claims administrator failed to approve requests for a shoulder immobilizer and a tennis elbow brace. The claims administrator referenced an RFA form received on June 18, 2015 in its determination. Non-MTUS ODG Guidelines were invoked, despite the fact that the MTUS addressed the issue(s) at hands. The claims administrator referenced a June 17, 2015 RFA form and an associated progress note of the same date in its determination. The claims administrator stated that it was denying both articles on the grounds that a concomitant request for shoulder surgery had also been deemed not medically necessary. The applicant's attorney subsequently appealed. On June 17, 2015, the applicant reported multifocal complaints of elbow, shoulder, neck, and low back pain, 5 to 7/10. The applicant was placed off of work, on total temporary disability. Tramadol was endorsed. The applicant was asked to pursue a shoulder arthroscopy procedure. Lumbar MRI imaging, manipulative therapy, and acupuncture were endorsed. The applicant was also asked to employ a tennis elbow brace. One of the stated diagnoses was elbow epicondylitis. The applicant did exhibit palpable tenderness about the right lateral epicondyle. It was suggested that the applicant undergo shoulder arthroscopy, acromioplasty, distal clavicle resection, rotator cuff repair procedure, and that the shoulder immobilizer was intended for postoperative use purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Tennis Elbow Brace: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 25.

Decision rationale: Yes, the proposed tennis elbow brace was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 10, Table 3, page 25 tennis elbow bands (AKA tennis elbow braces) are "recommended" as methods of symptom control for applicants with lateral epicondylalgia, as was/is present here. The applicant was described as having palpable elbow epicondylar tenderness on the date in question, June 17, 2015. The applicant was given a diagnosis of elbow epicondylitis. Introduction of the elbow brace was, thus, indicated, appropriate and supported by ACOEM. Therefore, the request was medically necessary.

Shoulder-Arm Immobilizer: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Shoulder Disorders, pg. 182. DEVICES/PHYSICAL METHODSSLINGS OR SHOULDER IMMOBILIZERS Six weeks of sling or immobilizer use is typically prescribed for post-operative treatment.

Decision rationale: Conversely, the request for a shoulder immobilizer was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 213, prolonged usage of sling only for symptom-control purposes is deemed "not recommended." While the Third Edition ACOEM Guideline Shoulder Disorders chapter does acknowledge that six weeks of immobilizer use is typically prescribed as part of postoperative treatment for applicants undergoing shoulder surgery/rotator cuff repair surgery, as was proposed here, here, however, the shoulder surgery in question was apparently administratively denied by the claims administrator. There was no evidence that the claimant was scheduled to undergo, had undergone, and/or had received approval for the rotator cuff repair procedure, which was also apparently the subject of dispute. Provision of the immobilizer was not, thus, indicated as it did not appear that the applicant had any imminent plans to undergo the shoulder surgery in question. Therefore, the request was not medically necessary.