

Case Number:	CM15-0185740		
Date Assigned:	09/25/2015	Date of Injury:	03/15/2011
Decision Date:	11/03/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/21/2015

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 53-year-old male, with a reported date of injury of 03-15-2011. The diagnoses include right elbow cubital tunnel syndrome. Treatments and evaluation to date have included elbow braces. The diagnostic studies to date have included a urine drug screen dated 07-22-2015 with negative findings; electrodiagnostic studies of the upper extremity on 07-20-2015 which showed no evidence of bilateral cubital and carpal tunnel syndrome or peripheral neuropathy; an x-ray of the left shoulder on 07-20-2015 which showed interval placement of anchor screws at the left humeral head; and a Sudoscan on 05-27-2015 which showed possible advanced peripheral autonomic neuropathy. The progress report dated 07-22-2015 is handwritten and somewhat illegible. The report indicates that the injured worker complained of bilateral elbow pain, associated with numbness. The objective findings include elbow range of motion at 0-125 degrees and painful and decreased motor of the bilateral upper extremities. The treatment plan included the continued use of elbow Pil-O braces. The injured worker has been instructed to remain off work for 30-45 days. The treating physician requested the purchase of bilateral elbow Pil-O Splints. On 08-21-2015, Utilization Review (UR) non-certified the request for the purchase of bilateral elbow Pil-O Splints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of bilateral elbow pil-O Splints: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

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, purchase bilateral elbow Pil-O-Splints are not medically necessary. Splinting is recommended for cubital tunnel syndrome, including a splint or foam elbow pad worn at night (to limit movement and reduce irritation) and elbow pad. Elbow splints are under study for epicondylitis. No definitive conclusions can be drawn concerning effectiveness of standard braces or splints for lateral epicondylitis. In this case, the injured worker's working diagnoses are status post left shoulder rotator cuff repair; bilateral elbow cubital tunnel syndrome; and iatrogenic gastritis and blood sugar levels. Date of injury is March 15, 2011. Request for authorization is August 14, 2015. According to a July 22, 2015 progress note, subjective complaints include bilateral elbow pain on the medial sides. Objectively, there is no change from prior physical examination. Range of motion and elbows is painful. The injured worker is refusing surgery to the elbows. The progress of documentation indicates worker should continue use of elbow splint. It appears the injured worker already has a set of elbow splints. There is no clinical rationale or indication for a new set of bilateral elbow splints. Based on clinical information the medical record, peer-reviewed evidence-based guidelines, and no clinical indication or rationale for a new set of elbow splints, purchase bilateral elbow Pil-O-Splints are not medically necessary.