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| Case Number: | CM15-0189679 | | |
| Date Assigned: | 10/01/2015 | Date of Injury: | 10/31/2014 |
| Decision Date: | 11/16/2015 | UR Denial Date: | 08/27/2015 |
| Priority: | Standard | Application Received: | 09/25/2015 |

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 a represented 34-year-old who has filed a claim for knee, shoulder, elbow, and wrist pain reportedly associated with an industrial injury of October 31, 2014. On a Utilization Review report dated August 27, 2015, the claims administrator failed to approve a request for a right elbow brace. The claims administrator referenced a June 12, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On April 3, 2015, the applicant was apparently given diagnoses of shoulder strain, elbow epicondylitis, and knee sprain with superimposes psychological issues. The applicant was not working, the treating provider acknowledged. On September 17, 2015, the treating provider again noted that the applicant had ongoing elbow pain complaints and was still pending receipt of an elbow brace, it was reported. 8/10 elbow and forearm pain complaints were noted. The claimant was given rather proscriptive 10-pound lifting limitation. Topical Kera-Tek gel, an elbow sleeve/elbow brace, and MRI imaging of the elbow and forearm were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right Elbow Brace: Overturned

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (Acute & Chronic), Splinting (padding).

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Lateral Epicondylalgia.

Decision rationale: Yes, the request for an elbow brace is medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, Table 3, page 25, tennis elbow bands (AKA elbow bracelet/elbow supports) are "recommended" as a method of symptom control for treatment of applicants with elbow epicondylitis, as was seemingly present here on or around the date in question. The applicant was described on multiple office visits of mid 2015, referenced above, as having ongoing complaints of elbow pain associated with lateral epicondylitis. Introduction of an elbow brace was indicated to ameliorate the same, per the MTUS Guideline in ACOEM Chapter 10, Table 3, page 25. Therefore, the request is medically necessary.