

<b>Case Number:</b>	CM15-0192408		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	04/06/2011
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 36 year old female with a date of injury on 4-6-11. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder and left elbow pain. Progress report dated 8-12-15 reports increasing severe right shoulder pain and left elbow pain with numbness into the left little finger. The pain increases with reaching or using the arm at or above shoulder height. Objective findings include tenderness over the greater tuberosity, positive impingement test, and pain when putting the arm in swimming motion. Treatments include medication, injections, physical therapy, rest, and exercise. Request for authorization was made for retrospective durable medical equipment purchase of tendonitis strap for date of service 8-12-15. Utilization Review dated 9-2-15 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective durable medical equipment (DME) purchase of tendonitis strap for DOS 8/12/15:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Elbow Complaints 2007, Section(s): Lateral Epicondylalgia. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic), Tennis elbow band.

**Decision rationale:** Per the cited ACOEM guidelines and ODG, epicondylalgia supports are recommended for lateral epicondylalgia. Although the positive evidence to support their use is limited, the options are low cost, have few side effects, and are not invasive. Additionally, some studies found that the supports may be useful as initial therapy alone, versus combination with physical medicine. According to recent treating physician notes, the injured worker has had signs and symptoms consistent with lateral epicondylalgia. Therefore, based on the cited guidelines and medical records available, the retrospective request for durable medical equipment (DME) purchase of tendonitis strap for DOS 8/12/15 is medically necessary and appropriate.