

Case Number:	CM15-0204224		
Date Assigned:	10/21/2015	Date of Injury:	02/28/1998
Decision Date:	12/02/2015	UR Denial Date:	09/26/2015
Priority:	Standard	Application Received:	10/17/2015

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, Florida, 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 injured worker is a 47 year old female who sustained an industrial injury on 2-28-1998. A review of medical records indicates the injured worker is being treated for lumbar strain, cervical radiculopathy, and right lateral epicondylitis. Medical records dated 8-27-2015 noted pain in the elbow as well as stomach pain. Physical examination noted they didn't give her prescription so a copy of prescription was given as well as elbow support sleeve. Treatment has included Omeprazole and physical therapy. Utilization review form dated 9-26-2015 noncertified 1 Eo rigid without joints pre ots.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) elbow orthosis rigid without joints prefabricated off the shelf: 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, Brace.

Decision rationale: This claimant was injured now back in 1998, now 17 years ago. The diagnosis was right lateral epicondylitis. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request.

Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes: Recommended for cubital tunnel syndrome (ulnar nerve entrapment), including a splint or foam elbow pad worn at night (to limit movement and reduce irritation), and/or an elbow pad (to protect against chronic irritation from hard surfaces). (Apfel, 2006) (Hong, 1996) Under study for epicondylitis. No definitive conclusions can be drawn concerning effectiveness of standard braces or splints for lateral epicondylitis. (Borkholder, 2004) (Derebery, 2005) (Van De Streek, 2004) (Jensen, 2001) (Struijs, 2001) (Jansen, 1997) Criteria are not met for elbow bracing, or data to show it would be effective. The request is appropriately non-certified, NOT medically necessary.