

<b>Case Number:</b>	CM15-0204986		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	06/26/2014
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

This 68 year old male sustained an industrial injury on 6-26-14. Documentation indicated that the injured worker was receiving treatment for Previous treatment included left triceps repair (September 2014), physical therapy, acupuncture, Dynasplint and medications. In a PR-2 dated 3-11-15, the injured worker complained of persistent left elbow symptoms when bending his arm too far, rated 8 out of 10 on the visual analog scale. The injured worker had been using a Dynasplint and was slowly improving in overall range of motion. Physical exam was remarkable for left elbow range of motion: flexion 90 degrees, extension 10 degrees and supination and pronation 80 degrees. In a PR-2 dated 4-22-15, the injured worker complained of left elbow pain when bending his arm too far, rated 8 out of 10 on the visual analog scale. The physician noted that the injured worker had been participating in physical therapy but had continued elbow stiffness. The physician documented that the injured worker's overall therapy had reached a plateau. Physical exam was remarkable for left elbow range of motion: flexion 90 degrees, extension 20 degrees and supination and pronation 80 degrees. In the most recent documentation submitted for review, a PR-2 dated 6-3-15, the injured worker complained of right elbow pain on bending, rated 8 out of 10 on the visual analog scale as well as some pain with straightening the elbow. The injured worker had tried Dynasplint treatment as well as physical therapy, however, continued to have some stiffness above the elbow. Physical exam was remarkable for left elbow with no significant pain to palpation, range of motion: flexion 90 degrees, extension 15 degrees

and supination and pronation 80 degrees, 5 out of 5 motor strength, 2+ deep tendon reflexes and intact sensation. The physician stated that the injured worker was doing well except for the stiffness and that the injured worker had reached maximum medical improvement. The injured worker was made permanent and stationary with a permanent restriction of limited lifting or pulling over 8 pounds and limited overhead work. On 9-9-15, a request for authorization was submitted for continued rental of elbow flexion Dynasplint. On 9-17-15, Utilization Review noncertified a request for continue rental elbow flexion Dyna splint x 1 moth for four months.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Continue rental elbow flexion dynasplint x 1 per month for 4 months starting 05/27/2015 through 09/26/2015: 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Splinting (padding), Static progressive stretch (SPS) therapy.

**Decision rationale:** ODG discusses Splinting (padding) "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) If used, bracing or splinting is recommended only as short-term initial treatment for lateral epicondylitis in combination with physical therapy. (Struijs, 2004) (Struijs, 2006) Some positive results have been seen with the development of a new dynamic extensor brace but more trials need to be conducted. Initial results show significant pain reduction, improved functionality of the arm, and improvement in pain-free grip strength. The beneficial effects of the dynamic extensor brace observed after 12 weeks were significantly different from the treatment group that received no brace. The beneficial effects were sustained for another 12 weeks. (Faes, 2006) (Faes2, 2006) Static progressive splinting can help gain additional motion when standard exercises seem stagnant or inadequate, particularly after the original injury. Operative treatment of stiffness was avoided in most patients. (Doornberg, 2006) These results differ from studies testing standard bracing which showed little to no effect on pain. (Wuori, 1998) (AHRQ, 2002) (Gabel, 1999) See also Static progressive stretch therapy and Tennis elbow band." ODG details Static progressive stretch (SPS) therapy criteria for selection: Recommended as indicated below. Static progressive stretch (SPS) therapy uses mechanical devices for joint stiffness and contracture to be worn across a stiff or contracted joint and provide incremented tension in order to increase range of motion. (Bonutti, 1994) (Stasinopoulos, 2005) (Doornberg, 2006) (BlueCross BlueShield, 2003) Criteria for the use of static progressive stretch (SPS) therapy: A mechanical device for joint stiffness or contracture may be considered appropriate for up to eight weeks when used for one of the following

conditions: 1. Joint stiffness caused by immobilization; 2. Established contractures when passive ROM is restricted; 3. Healing soft tissue that can benefit from constant low-intensity tension. While the treating physician has provided documentation to meet the above guidelines, the request is for 12 weeks of splinting, which is in excess of the guideline recommendations of eight weeks. As such, the request for Continue rental elbow flexion dynasplint x 1 per month for 4 months starting 05/27/2015 through 09/26/2015 is not medically necessary at this time.