

<b>Case Number:</b>	CM15-0025417		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	04/14/2004
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 51-year-old male, with a reported date of injury of 04/14/2004. The diagnoses include lateral epicondylitis of both elbows, status post right lateral epicondylitis release on 04/25/2014. Treatments have included physical therapy. The progress report dated 12/09/2014 indicates that the injured worker complained of elbow pain, and stated that his left elbow still hurt. The injured worker started to get some discomfort of the right elbow, and that was the first pain he had since the right elbow surgery. The physical examination showed a healed surgical scar on the right elbow, tennis elbow sleeve, tenderness at the lateral epicondyle, some wrist pain, but no tenderness to palpation, a negative Tinel's at the cubital tunnel, and right elbow range of motion at 0-125 degrees. The treating physician requested right elbow tennis support. The rationale for the request was not indicated. On 01/12/2015, Utilization Review (UR) denied the request for right elbow tennis support, noting that there was no mention of right elbow issues. The ACOEM Guidelines and the Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right tennis elbow support:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Elbow chapter, Splinting.

**Decision rationale:** The patient presents with unrated postoperative right elbow pain. The patient's date of injury is 04/14/04. Patient is status post right lateral epicondyle release on 04/25/14, and status post left lateral epicondyle release on 01/28/15. The request is for RIGHT TENNIS ELBOW BRACE. The RFA is dated 01/06/15. Physical examination dated 12/09/14 notes a well healed surgical scar to the right elbow, and tenderness to the lateral epicondyle. The patient's current medication regimen was not provided. Was not included. Patient's current work status is not provided. ODG Guidelines, Elbow chapter, under Splinting states the following: "Recommended for cubital tunnel syndrome, including a splint or foam elbow pad worn at night, and/or an elbow pad to protect against chronic irritation from hard surfaces. Under study for epicondylitis. No definitive conclusions can be drawn concerning effectiveness of standard braces or splints for lateral epicondylitis. If used, bracing or splinting is recommended only as short-term initial treatment for lateral epicondylitis in combination with physical therapy. 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. 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. These results differ from studies testing standard bracing which showed little to no effect on pain." In this case, the treater is requesting a tennis elbow brace/strap for the right arm after the patient reports continuing pain and loss of function to that extremity. However, progress note dated 12/09/14 examination states indicates that this patient has already been issued tennis elbow brace/strap for the right arm. It is not specified why this patient requires another. Therefore, the request IS NOT medically necessary.