MAXIMUS Federal Services

Case Number:	CM15-0027744		
Date Assigned:	02/20/2015	Date of Injury:	10/10/2012
Decision Date:	04/06/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/13/2015

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: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 45 year old male, who sustained an industrial injury on 10/10/2012. He has reported left shoulder pain. The diagnoses have included closed dislocation of distal radio-ulnar, left rotator cuff tear and shoulder impingement. He is status post left surgery repair 9/2/14 and on 9/30/14 underwent rotator cuff tendon repair. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, physical therapy and joint injections. Currently, the IW reported some improvement in the left shoulder. The physical examination from 1/26/15 documented improvement in Range of Motion (ROM) of the left shoulder with residual weakness. The provider documented physical therapy was to continue for four visits and initiation of home exercise was encouraged. The lifting restriction was increased from 10 pounds to 30 pounds. On 2/10/2015 Utilization Review non-certified an EPT point brace and elbow sleeve purchase, noting the documentation did not support medical necessity. The MTUS Guidelines were cited. On 2/13/2015, the injured worker submitted an application for IMR for review of EPT point brace and elbow sleeve purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPT Point Brace and Elbow Sleeve, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi. TX; www.odg-twc.com; Section: Shoulder (Acute & Chronic), ACOEM-https://www.acoempracguides.org/Shoulder Disorders; Table 2, Summary of Recommendations, Shoulder Disorders.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Splinting (padding) http://www.odg-twc.com/index.html.

Decision rationale: According to ODG guidelines, elbow brace "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 splitting 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." There is no documentation that the patient is suffering from cubital tunnel syndrome. Therefore the request for EPT Point Brace and Elbow Sleeve, purchase is not medically necessary.