

Case Number:	CM15-0029373		
Date Assigned:	02/23/2015	Date of Injury:	06/06/2013
Decision Date:	04/07/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/18/2015

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: 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:

This male sustained an industrial injury to bilateral elbows on 6/6/13. Electromyography/nerve conduction velocity test (11/20/14) showed decreased nerve conduction velocity of the ulnar nerve across the right elbow. In a PR-2 dated 12/16/14, the injured worker reported being unable to work secondary to pain. Physical exam was remarkable for right elbow with tenderness to palpation over the lateral epicondyle, and pain over the lateral epicondyle with resisted wrist and long finger extension, positive Tinel's at the cubital tunnel of the right elbow and 1+/2 sensation in the ulnar nerve distribution of the right hand. The injured worker was diagnosed with right elbow chronic lateral epicondylitis and cubital tunnel syndrome. The plan of care was right elbow extensor tendon repair and right cubital tunnel release. No postoperative physical exam was submitted for review. On 2/9/15, Utilization Review noncertified a request for durable medical equipment Post operation right elbow hinged brace noting that there was no indication of elbow instability and citing ODG guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment Post operation right elbow hinged brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Elbow, splinting (padding).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow (Acute & Chronic), Splinting (padding).

Decision rationale: The Official Disability Guidelines recommend splinting 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). 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. Durable medical equipment Post operation right elbow hinged brace is not medically necessary.