

Case Number:	CM15-0212813		
Date Assigned:	11/02/2015	Date of Injury:	07/23/2010
Decision Date:	12/14/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/29/2015

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: Emergency 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 42 year old female, who sustained an industrial injury on 07-23-2010. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for right shoulder impingement syndrome, right elbow lateral epicondylitis, right hand strain and sprain, right cubital tunnel syndrome, and right carpal tunnel syndrome. Medical records (04-17-2015 to 09-25-2015) indicate ongoing and worsening pain in the right wrist, elbow and arm due to medications not being authorized. Pain levels were rated 6 out of 10 in severity on a visual analog scale (VAS) with medications and 8 out of 10 without medications. Records also indicate no changes in activity levels or improvement in function. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 09-25-2015, revealed restricted range of motion (ROM) and subluxation in the right elbow, muscle spasms in the right posterior elbow, point tenderness to the elbow and forearm area, limited resistance with pain in the elbow, and painful ROM with rotation of the right forearm. Relevant treatments have included: physical therapy (PT), chiropractic treatments, work restrictions, and pain medications. The request for authorization (09-25-2015) shows that the following equipment was requested: retrospective tennis elbow support. The original utilization review (10-14-2015) non-certified the request for retrospective tennis elbow support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tennis Elbow Support: Overturned

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

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

Decision rationale: The requested Retrospective Tennis Elbow Support, is medically necessary. CA MTUS is silent. Official Disability Guidelines, Elbow, Acute & Chronic, Elbow Braces, noted: "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." The injured worker has restricted range of motion (ROM) and subluxation in the right elbow, muscle spasms in the right posterior elbow, point tenderness to the elbow and forearm area, limited resistance with pain in the elbow, and painful ROM with rotation of the right forearm. The treating physician has documented sufficient exam evidence of epicondylitis to establish the medical necessity for this DME. The criteria noted above having been met, Retrospective Tennis Elbow Support is medically necessary.