

Case Number:	CM15-0218316		
Date Assigned:	11/12/2015	Date of Injury:	09/24/2014
Decision Date:	12/31/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	11/05/2015

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 35 year old male, who sustained an industrial injury on September 24, 2014. He reported immediate pain in his right ankle, right arm, right wrist and elbow. The injured worker was currently diagnosed as having joint derangement of the right ankle, lesion of the right ulnar nerve and right tibialis tendinitis. Treatment to date has included diagnostic studies, elbow sleeve, ankle brace, physical therapy, home exercises and medications. On September 25, 2015, the injured worker complained of right elbow pain and right posterior tibial tendon pain. The pain was rated as a 3 on a 1-10 pain scale. Both of the conditions were noted to be improved through splinting but the elastic of the splints was gradually worn out. The injured worker has benefitted through the use of naproxen but had run out of the medication. Physical examination of the right ankle revealed mild tenderness along the posterior tibial tendon. Range of motion in the foot and ankle was normal and pain free. The injured worker was wearing a well fitted Bauerfeind elastic support on the right ankle and foot. Physical examination of the right elbow revealed tenderness to palpation of the medial epicondyle of the elbow. Resisted wrist flexion triggered some medial elbow pain. Right ankle impression was for mild ankle instability and mild posterior tibial tendinitis. Impression for the right elbow was for cubital tunnel syndrome, mild medial epicondylitis and left wrist carpal tunnel syndrome. He was noted to be responsive to conservative care including protection with an elbow sleeve. A request was made for Bauerfeind right elbow sleeve and Bauerfeind elastic right ankle brace. On October 5, 2015, utilization review denied a request for Bauerfeind right elbow sleeve and Bauerfeind elastic right ankle brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bauerfeind right elbow sleeve: Overturned

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

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

Decision rationale: The patient presents with medial right elbow and right ankle pain. The request is for Bauerfeind right elbow sleeve. The request for authorization form is dated 09/28/15. Patient's impression of the RIGHT elbow includes cubital tunnel syndrome, responsive to conservative care including protection with an elbow sleeve; medial epicondylitis, mild. Physical examination of the RIGHT elbow reveals no deformity, and no swelling. There is tenderness to palpation of the medial epicondyle of the elbow. There is no restriction of elbow motion, strength testing 5/5 in wrist flexors, extensors, elbow flexors and extensors. Resisted wrist flexion triggers some medial elbow pain. Sensations are normal in all areas tested. This includes the ulnar nerve. Reflexes are normal and symmetrical. No current ulnar neuropathy findings. Patient's medication includes Naproxen. Per progress report dated 09/25/15, the patient is permanent and stationary. ODG Guidelines, Elbow Chapter, under Splinting Section states, "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." Per progress report dated 09/25/15, treater's reason for the request is "the elastic of the splints is gradually worn out." In this case, the patient continues with RIGHT elbow pain. And the patient has documented diagnosis of cubital tunnel syndrome. ODG guidelines support the use of Elbow Sleeve for cubital tunnel syndrome. Therefore, the request is medically necessary.

Bauerfield elastic right ankle brace: 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), Ankle & Foot.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle Chapter, under Bracing (immobilization).

Decision rationale: The patient presents with medial right elbow and RIGHT ankle pain. The request is for Bauerfield elastic right ankle brace. The request for authorization form is dated 09/28/15. Patient's impression of the RIGHT ankle includes ankle instability, mild, talofibular ligament; posterior impingement posterior process of talus; mild posterior tibial tendinitis. Physical examination of the RIGHT ankle reveals mild tenderness along the posterior tibial tendon. The range of motion in the foot and ankle is normal and pain free. Strength testing 5/5 in all muscle groups tested. There is no collapse of the arch. Sensations are normal in all areas tested. Ankle reflexes are normal in all areas tested. Gait is currently normal with the use of the foot and ankle brace. Patient's medication includes Naproxen. Per progress report dated 09/25/15, the patient is permanent and stationary. MTUS/ACOEM, Ankle and foot complaints Chapter 14, Physical methods Section, page 371-372 briefly discuss foot bracing, stating it should be for as short a time as possible. ODG guidelines, Ankle Chapter, under bracing (immobilization) Section states, "Not recommended in the absence of a clearly unstable joint. Functional treatment appears to be the favorable strategy for treating acute ankle sprains when compared with immobilization. Partial weight bearing as tolerated is recommended." Per progress report dated 09/25/15, treater's reason for the request is "the elastic of the splints is gradually worn out." In this case, the patient continues with RIGHT ankle pain. ODG guidelines support the use of Ankle Brace for unstable joint. Although the patient has a diagnosis of RIGHT ankle instability, physical exam findings show range of motion in the foot and ankle is normal and pain free and appears to be walking normally. Therefore, the request is not medically necessary.