

<b>Case Number:</b>	CM15-0044204		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	02/10/2014
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 53 year old male, who sustained a work/ industrial injury on 2/10/14. He has reported initial symptoms of right arm and back pain. The injured worker was diagnosed as having medial and lateral epicondylitis of the elbow. Treatments to date included medication, extracorporeal shockwave therapy to the medial epicondyle, acupuncture, and physical therapy. Currently, the injured worker complains of back pain and right elbow pain. The treating physician's report (PR-2) from 12/12/14 indicated per examination that the Lasegue is positive bilaterally at 35 degrees, Braggart is positive bilaterally. Valsalva is negative. Diagnosis was discopathy of the lumbar spine, medial and lateral right epicondylitis, and right carpal tunnel adhesions due to trauma. Treatment plan included initiate ortho shock, retrieve Magnetic Resonance Imaging (MRI) results, initiate physical therapy, and Elbow support-purchase for medial and lateral epicondylitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Elbow support-purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines California Code of Regulations, Title 8, Effective July 18, 2009. Decision based on Non-MTUS Citation Official Disability

Guidelines - Treatment for Workers' Compensation 2012 on the web ([www.odgtreatment.com](http://www.odgtreatment.com)).  
Work Loss Data Institute ([www.worklossdata.com](http://www.worklossdata.com)), updated 2/14/12.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36. Decision based on Non-MTUS Citation ODG- elbow chapter- pg 21.

**Decision rationale:** According to the guidelines, splinting/padding/support is s 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. In this case, the injury was a year ago. Short-term treatment does not imply purchase. The request for an elbow support purchase is not medically necessary.