

Case Number:	CM15-0081570		
Date Assigned:	05/04/2015	Date of Injury:	03/12/2015
Decision Date:	06/04/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/28/2015

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, New York
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 65 year old female, who sustained an industrial injury on 3/12/15. She reported right elbow pain. The injured worker was diagnosed as having a right elbow closed fracture (distal humerus). Treatment to date has included right open reduction internal fixation for a distal humeral fracture on 3/26/15, hand therapy, and a hinged elbow splint. Currently, the injured worker complains of pain, stiffness, and swelling of the right elbow. The treating physician requested authorization for Stat-a-dyne elbow splint for the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stat-a-dyne elbow for the right elbow Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 16-17.

Decision rationale: The request is considered not medically necessary. According to MTUS guidelines, an elbow splint is warranted for seven days to treat a non-displaced radial head

fracture. After seven days, gentle range-of-motion stretching should be done, followed by progressive mobilization. The patient does not have a non-displaced radial head and actually had a closed fracture of the distal humerus. The patient has been wearing the splint for a significantly longer time period than seven days. It is unclear why another splint is necessary. Therefore, the request is considered not medically necessary.