

Case Number:	CM15-0083435		
Date Assigned:	05/05/2015	Date of Injury:	09/11/2012
Decision Date:	06/05/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/30/2015

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: Texas, New York, 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:

The applicant is a represented 50-year-old who has filed a claim for chronic elbow pain reportedly associated with an industrial injury of September 11, 2012. In a Utilization Review report dated March 20, 2015, the claims administrator failed to approve a request for an elbow Dynasplint. The claims administrator referenced an RFA form received on March 7, 2015 in its determination. A February 17, 2015 progress note was also referenced. The claims administrator did apparently issue a partial, four-week approval. The applicant's attorney subsequently appealed. On December 16, 2014, physical therapy, diclofenac, and Prilosec were endorsed, along with a functional capacity evaluation. Ongoing complaints of elbow pain were reported, reportedly attributed to cumulative trauma at work. Work restrictions were also imposed, although the applicant did not appear to be working with said limitations in place. On April 20, 2015, the applicant was apparently declared permanent and stationary with permanent restrictions. The applicant had undergone earlier elbow medial and lateral fasciectomy procedures as well as ulnar nerve transposition procedure. Permanent work restrictions were imposed. The attending provider did not clearly state whether the applicant's employer was or was not able to accommodate the permanent limitations in question. On March 17, 2015, diclofenac, Prilosec, and a functional capacity evaluation were proposed. There was no mention of the need for a Dynasplint. On February 17, 2015, a Dynasplint was endorsed to improve the applicant's elbow range of motion. 4 to 5/10 elbow pain was reported. Tenderness about the epicondylar regions was appreciated with range of motion limited from -20 to 135 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Elbow Dynasplint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 32. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Occupational Disorders of the Elbow, Static progressive stretch (SPS) therapy.

Decision rationale: No, the request for Dynasplint (purchase) was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 10, page 32, careful advice regarding maximizing activities within the limits of symptoms is imperative. The request to purchase the Dynasplint device, thus, could potentially run counter to ACOEM principles and parameters as it could potentially result in disuse of the injured elbow. Similarly, ODG's Elbow Chapter Static Progressive Stretch Therapy topic also notes that static progressive stretch therapy or Dynasplint can be employed for up to eight weeks to ameliorate joint stiffness caused by immobilization and/or to ameliorate established range of motion contractures. Here, thus, the request to purchase a Dynasplint and/or use the Dynasplint indefinitely runs counter to both ACOEM and ODG parameters. Therefore, the request was not medically necessary.