

Case Number:	CM15-0086228		
Date Assigned:	05/08/2015	Date of Injury:	12/12/2014
Decision Date:	06/15/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	05/05/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 50 year old female injured worker suffered an industrial injury on 12/12/2014. The diagnoses included chronic left elbow fracture. The diagnostics included left elbow x-rays. The injured worker had been treated with physical therapy, surgery and medications. On 3/25/2015 the treating provider reported open repair internal fixation of the left elbow 1/28/2015. There was range of motion limitations. The treatment plan included Dynasplint for the left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dynasplint for the left elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 41. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Splinting (padding).

Decision rationale: In regards to fracture of the elbow, the MTUS states that, "Physical therapy (3-6 visits) to teach patient range-of-motion and muscle-strengthening exercises out of the splint should begin as soon as tolerated at two to four weeks." There is no discussion of dynamic splinting for this condition. In regards to dynamic splinting, the ODG states that it may be used for lateral epicondylitis, "If used, bracing or splinting is recommended only as short-term initial treatment for lateral epicondylitis in combination with physical therapy. Some positive results have been seen with the development of a new dynamic extensor brace but more trials need to be conducted. Initial results show significant pain reduction, improved functionality of the arm, and improvement in pain-free grip strength. The beneficial effects of the dynamic extensor brace observed after 12 weeks were significantly different from the treatment group that received no brace." In this case, the patient is post-op for open reduction of elbow fracture. The patient does not have a history of lateral epicondylitis. The UR modified the request to allow for immobilization, which may be appropriate. As such, the request for Dynasplint for the left elbow is not medically necessary.