

Case Number:	CM15-0230186		
Date Assigned:	12/04/2015	Date of Injury:	06/13/2007
Decision Date:	01/08/2016	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/23/2015

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 54-year-old female with an industrial injury date of 06-13-2007. Medical record review indicates she is being treated for history of chronic lateral epicondylitis - left elbow and history of DeQuervain's tenosynovitis, left wrist. Subjective complaints (10-06-2015) included "ongoing throbbing left elbow pain" radiating up her shoulder and down her forearm. The injured worker noted she had been seen for a molded brace but it was very heavy. She stated she needed something lighter. Medications included Norco and Lyrica. Prior treatment included steroid injection in her elbow and medications. Physical exam (10-26-2015) indicated left upper extremity exam revealed exquisite tenderness over the lateral condyle with positive Cozens maneuver. Tinel's sign was positive at the ulnar groove. Finkelstein maneuver was very painful at the wrist. Phalen's and Tinel's sign was positive of the left hand. Grip strength was quite diminished in the left non-dominant hand by comparison to the right hand. On 10-21-2015 the request for re-evaluation with [REDACTED] for refitting for a light brace-not EWHO, Myoelectro-elbow was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-evaluation (with specified clinic) for refitting for light brace, not EWHO, Myoelectro-elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines: Elbow (Acute & Chronic) - Splinting (padding).

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Summary, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary.

Decision rationale: According to the guidelines, bracing for DeQuervain's is recommended. Prolonged bracing is optional due to the risk of weakness and stiffness. In this case, the claimant does have DeQuervain's. The injury is chronic. Although, a brace may be helpful prolonged use is not a medical necessity.