

<b>Case Number:</b>	CM14-0113791		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	12/23/2013
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 52 year old male with an injury date of 12/23/13. Per the 06/03/14 report by [REDACTED], the patient presents with intermittent low back pain increased by prolonged walking or standing, bending or lateral tilting. The patient further states he has constant right elbow pain with stiffness and swelling in the right hand to the extent he cannot forcefully grasp with the hand. The patient is working with modified duty. Physical examination reveals a 40 degree flexion contracture in the right elbow and a 30% loss of lumbar range of motion secondary to axial lumbar pain. The patient's diagnoses include: 1. Minimally displaced fracture of the coronoid process and tip of the olecranon of the right elbow 2. Strain and sprain flexion contracture, right elbow 3. Strain and sprain of the lower back 4. Lumbar disc disruption L4-5. The utilization review being challenged is dated 06/25/14. Treatment reports from 01/02/14 to 06/03/14 were provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **Elbow Extension splint right elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Elbow section Splinting (padding)

Recommended for cubital tunnel syndrome (ulnar nerve entrapment), including a splint or foam elbow pad worn at night (to limit movement and reduce irritation), and/or an elbow pad (to protect against chronic irritation from hard surfaces). (Apfel, 2006) (Hong, 1996) Under study for epicondylitis. No definitive conclusions can be drawn concerning effectiveness of standard braces or splints for lateral epicondylitis. (Bo

**Decision rationale:** The patient presents with low back pain and constant right elbow pain with stiffness and swelling in the right hand. The treater requests for [REDACTED] Elbow Extension Splint-Right elbow. The 06/25/14 utilization review modified this request to 8 weeks rental instead of purchase. The treater does not discuss the request in the reports provided. It is noted the patient is not a candidate for any type of surgery or injections. The 05/22/14 physical therapy treatment report notes the patient faces significant limitation in ADL's that were not specified. MTUS is silent on [REDACTED] Elbow Extension splints. ODG guidelines, Elbow (Acute & Chronic) state the following regarding splinting, "Recommended for cubital tunnel syndrome (ulnar nerve entrapment)"; and, "Some positive results have been seen with the development of a new dynamic extensor brace but more trials need to be conducted." In this case, there is no diagnosis of cubital tunnel syndrome, and ODG guidelines do not indicate this treatment for the patient's condition. Recommendation is for denial.