

Case Number:	CM14-0124635		
Date Assigned:	08/08/2014	Date of Injury:	04/29/2004
Decision Date:	10/10/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/06/2014

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 & Rehabilitation 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:

Patient is a 50-year-old female who has submitted a claim for cervicobrachial syndrome, cervical radiculopathy, sciatica, lumbosacral strain, chronic pain syndrome, rotator cuff syndrome, and bursitis associated with an industrial injury date of 4/29/2004. Medical records from 2014 were reviewed. Patient complained of neck pain and right shoulder pain, radiating to both hands. Pain was described as aching, dull, sharp, stabbing, burning, cramping, and shooting, rated 9/10 in severity. Motor strength of right elbow muscles was rated 4/5. Treatment to date has included right ulnar nerve transposition and carpal tunnel release, physical therapy, and medications. Utilization review from 7/21/2014 denied the request for tennis elbow strap because of absence of complete evaluation of the elbow and there was no clear rationale presented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tennis Elbow Strap: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Elbow Section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Durable medical equipment (DME)

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee Section was used instead. It states that durable medical equipment (DME) is defined as a device that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. DME includes bathroom and toilet supplies, assistive devices, TENS unit, home exercise kits, cryotherapy, orthoses, cold/heat packs, etc. In this case, there is no documented rationale for an elbow strap. It is unclear if patient has functional restrictions pertaining to the elbow to require such entity. There were no subjective complaints pertaining to the elbow. Moreover, there was no comprehensive physical examination of the elbow to further support this request. The medical necessity cannot be established due to insufficient information. Therefore, the request for tennis elbow strap is not medically necessary.