

Case Number:	CM14-0133668		
Date Assigned:	08/22/2014	Date of Injury:	03/10/2013
Decision Date:	10/22/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/18/2014

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 45 year old female with an injury date of 03/10/13. Based of the 02/21/14 progress report provided by [REDACTED] the patient complains of right shoulder, elbow, hand and wrist pain. Physical examination to the elbows reveals no atrophy, no lateral epicondylar tenderness, and no crepitus. Range of motion is 120 degrees, pronation and supination 90 degrees bilaterally. A MRI of right elbow dated 04/30/14 reveals normal findings. A diagnosis on 02/21/14 included diffuse pain in the right upper extremity and neck. [REDACTED], is requesting a Tennis Elbow Brace. The utilization review determination being challenged is dated 08/06/14. The rationale is "no clear detail provided why brace is being requested." [REDACTED] is the requesting provider, and he provided treatment reports from 01/30/14 - 06/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tennis elbow brace: 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): 20.

Decision rationale: The patient presents with right shoulder, elbow, hand and wrist pain. The request is for Tennis elbow brace. Physical examination to the elbow dated 02/21/14 reveals normal findings, with no lateral epicondylar tenderness. MRI dated 04/30/14 also reveals normal findings to the right elbow. ACOEM Practice Guidelines, 2nd Edition (Revised 2007), Chapter 10, page 20 states: "Lateral Epicondylalgia (Lateral Epicondylitis): Lateral epicondylalgia (lateral epicondylitis) causes soreness, or pain on the outside (lateral) side of the upper arm near the elbow. There may be a partial tear of the tendon fibers, which connect muscle to bone, at or near their point of origin on the outside of the elbow. Initial Care: Comfort is often a patient's primary concern. In employment settings, where milder cases are more frequently seen, nonprescription analgesics may provide sufficient pain relief for most patients with acute and subacute elbow symptoms. Patients in clinical settings may be more severe and may require prescription analgesics as first line treatments. If the treatment response is inadequate, such that symptoms and activity limitations continue, prescribed pharmaceuticals, orthotics, or physical methods can be added. Conservative care often consists of activity modification using epicondylalgia supports (tennis elbow bands), and NSAIDs with standard precautions on potential side effects." Based on review of reports, there is no documented evidence of lateral epicondylitis necessitating requested tennis elbow brace. The physician's diagnosis does not support request. This request is not medically necessary.