

<b>Case Number:</b>	CM14-0147333		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	05/28/2013
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 with an injury date on 5/28/13. Patient complains of bilateral elbow pain, left > right, traveling to her bilateral upper extremities, with pain rated 2/10 per 8/27/14 report. Patient also complains of numbness/tingling in bilateral forearms, bilateral hands, and bilateral fingers, and states "her pain is the same" as prior report per 8/27/14 report. Based on the 8/27/14 progress report provided by [REDACTED] the diagnoses are: 1. bilateral elbow later epicondylitis 2. Ulnar nerve injury (cubital tunnel syndrome bilateral lower extremities) 3. Depression Exam on 8/27/14 showed "full range of motion of bilateral elbows/forearms. Nonspecific tenderness at both elbows. Mild tenderness at lateral epicondyle on the right/left. Tinel's sign positive on bilateral elbows." Patient's treatment history includes medications, and acupuncture. [REDACTED] is requesting MRI bilateral elbows, outpatient: Pil O-Splint, and Relafen 550mg #60. The utilization review determination being challenged is dated 9/5/14. [REDACTED] is the requesting provider, and he provided treatment reports from 3/1/13 to 10/8/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Bilateral Elbows:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Elbow Chapter Updated 5/15/14

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow chapter, MRI

**Decision rationale:** This patient presents with bilateral elbow pain traveling to bilateral upper extremities. The treater has asked for MRI bilateral elbows on 8/27/14. Review of the reports does not show any evidence of elbow MRIs being done in the past. Regarding MRIs of the elbow, ODG recommends to provide diagnostic information for the following types of elbow injuries: collateral ligament injury, epicondylitis, injury to the biceps and triceps tendons, abnormality of the ulnar, radial, or median nerve, and for masses about the elbow joint. Particularly useful for confirmation of the diagnosis in refractory cases and to exclude associated tendon and ligament tear. In this case, patient presents with chronic elbow pain, and an elbow MRI to provide diagnostic information regarding epicondylitis is medically reasonable. Therefore, MRI Bilateral Elbows is medically necessary.

**Outpatient: Pil-O-Splint:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This patient presents with bilateral elbow pain traveling to bilateral upper extremities. The treater has asked for outpatient: Pil O-Splint on 8/27/14 "for prophylactic purposes to avoid exacerbation of current injury." Review of the reports does not show any evidence of elbow splint being used in the past. Regarding Elbow Splint, ODG Recommends 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). Under study for epicondylitis. If used, bracing or splitting 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. In this case, the patient presents with cubital tunnel syndrome, and an Elbow splint to prevent exacerbation of injury is reasonable. The requested outpatient: Pil O-Splint is medically reasonable. Therefore, Outpatient: Pil-O-Splint is medically necessary.

**Relafen 550 Mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22, 67-68.

**Decision rationale:** This patient presents with bilateral elbow pain traveling to bilateral upper extremities. The treater has asked for Relafen 550mg #60 on 8/27/14. Patient has been taking Relafen since 3/1/13. Regarding NSAIDS, MTUS page 22 considers it the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. In this case, the treater does not provide any documentation what this medication has done for the patient's pain and function. MTUS page 60 requires documentation of pain and function when medications are used for chronic pain. Therefore, Relafen 550 Mg #60 is not medically necessary.