

<b>Case Number:</b>	CM14-0092974		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	05/06/2013
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 Orthopedic Surgeon and Hand Surgeon, and is licensed to practice in Texas. 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 injured worker is a 46-year-old male who reported an injury on 05/06/2013 while opening a door another employee was on the other side and kicked the door open, swinging the injured worker's hand back. The injured worker complained of right hand pain. The injured worker had a diagnoses of right hand contusion, right elbow epicondylitis, right trigger ring finger, and right long finger trigger. The past treatments included medication and physical therapy. The medication included ibuprofen 800 mg with a reported pain of 8/10 using the VAS. The objective findings stated 03/14/2014 revealed tenderness to palpation with swelling noted to the 3rd metacarpophalangeal joint. Diagnostics included a PET. The treatment plan included medication, cock up brace, and an elbow brace. The request for authorization was not submitted with documentation. Rationale for the braces was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom Cock-up Brace for MCPS for purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand (updated 02/18/14)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, Casting

**Decision rationale:** The request for a custom cock up brace for MCPS for purchase is not medically necessary. The California MTUS/ACOEM do not address. The Official Disability Guidelines recommend for displaced fractures. Immobilization is standard for fracture healing although patient satisfaction is higher with splinting rather than casting. The clinical notes did not indicate that the injured worker had a displaced fracture. The guidelines indicate immobilization for displaced fractures. As such, the request is not medically necessary.

**Right Tennis Elbow Brace for purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow (updated 05/15/14)

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

**Decision rationale:** The request for right tennis elbow brace for purchase is not medically necessary. The California MTUS/ACOEM do not address. The Official Disability Guidelines recommend 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. The clinical notes do not indicate that the injured worker had cubital tunnel syndrome. The guidelines indicate immobilization for cubital tunnel syndrome to limit the movement. As such, the request is not medically necessary.