

<b>Case Number:</b>	CM14-0211780		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	10/21/2002
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Oklahoma

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 64-year-old with a reported injury date of 10/21/2002. His diagnoses is carpal tunnel syndrome of the right hand, right thumb osteoarthritis, and right hand palmar fasciitis. His past treatments include medications, therapy, ice pack, and braces. Scheduled surgeries are indicated for right hand for cyst excision on 11/17/2014. On 11/06/2014, the injured worker presented with complaints of a cyst in the palm of his hand. Upon physical examination, it was indicated to proceed with a right hand surgery on 11/17/2014 for the cyst. His current medications include Norco, Anaprox, gabapentin, Zanaflex, and Colace. The request was for a Slimline elbow brace for the right hand and no rationale was given. Request for Authorization form was included and dated 11/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME (Durable Medical Equipment): Deroyal Slimline Elbow Brace: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Workers' Compensation; Elbow Procedure Summary

**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 (padding)

**Decision rationale:** The request for DME (durable medical equipment) DeRoyal Slimline Elbow Brace is not medically necessary. The injured worker has reported pain in the palm and a positive Tinel's and positive Finkelstein test. California MTUS/ACOEM Guidelines do not address DME. The Official Disability Guidelines indicate splinting is recommended for cubital tunnel syndrome. The request was to have a cyst excision surgery on 11/17/2014. The rationale for the request for the elbow brace is not documented. Therefore, the request for DME (durable medical equipment) DeRoyal Slimline Elbow Brace is not medically necessary.