

Case Number:	CM14-0215900		
Date Assigned:	01/06/2015	Date of Injury:	09/30/2013
Decision Date:	03/03/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/23/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

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

According to the records made available for review, the injured worker is a 50 year-old female with a date of injury of 09/30/2013. The results of the injury include injury to the right upper extremity and right elbow. Diagnoses have included right lateral epicondylitis; radial neuritis; elbow, upper arm contracture; and upper extremity contusion. Diagnostic studies were not submitted for review. Treatments have included medications, physical therapy, home exercise program, and surgical intervention. Medications have included Tylenol and Roxicet. Surgical intervention has included a right elbow arthroscopy and lateral epicondyle release performed on 10/01/2014. A physical therapy progress note, dated 11/18/2014, documented the injured worker to have reported significant improvements since beginning physical therapy, increased right hand/wrist and elbow range of motion; continued pain, but has decreased in intensity; and improved functional status. A progress note from the treating physician, dated 11/20/2014, documented a post-operative visit. The injured worker reported that the right elbow is doing well. Objective findings included a well-healed surgical scar; discomfort with full supination and extension of the right elbow; and right elbow range of motion as extension: 20 degrees, flexion: 130 degrees, pronation: 80 degrees, and supination: 80 degrees. The plan of treatment includes continuing home exercises for range of motion of the right elbow; follow-up visit in 5-6 weeks; and a JAS splint for elbow extension. Request is being made for 1 JAS splint: right elbow extension. On 11/26/2014, Utilization Review non-certified a prescription for 1 JAS splint: right elbow extension. Utilization Review non-certified a prescription for 1 JAS splint: right elbow extension based on the demonstrated success of physical therapy, and the lack of any extenuating

circumstance to show a need for this device. The Utilization Review cited the ACOEM Guidelines, Chapter 10: Elbow Complaints (2007): Epicondylar braces; and the Official Disability Guidelines, Elbow (Acute and Chronic): Splinting (padding), and Static progressive stretch (SPS) therapy. Application for independent medical review was made on 12/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

JAS splint: right elbow extension: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Elbow (Acute & Chronic) chapter, Splinting

Decision rationale: The patient presents with pain (unrated) and discomfort following a recent surgery. Patient is status post right elbow arthroscopy, lateral epicondyle release on 10/01/14. The request is for JAS SPLINT: RIGHT ELBOW EXTENSION. Physical examination 11/20/14 revealed well healed arthroscopic surgical scars, reduced range of motion - especially on flexion - and pain elicitation upon supination and extension of the right elbow. The patient's current medication regimen is not specified. The patient is not currently working. Diagnostic imaging was not included, though operative report dated 10/01/14 was provided. ODG Guidelines, Elbow (Acute & Chronic) chapter, under Splinting states the following: "Recommended 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). (Apfel, 2006) (Hong, 1996) Under study for epicondylitis. No definitive conclusions can be drawn concerning effectiveness of standard braces or splints for lateral epicondylitis. (Borkholder, 2004) (Derebery, 2005) (Van De Streek, 2004) (Jensen, 2001) (Struijs, 2001) (Jansen, 1997) If used, bracing or splinting is recommended only as short-term initial treatment for lateral epicondylitis in combination with physical therapy. (Struijs, 2004) (Struijs, 2006) Some positive results have been seen with the development of a new dynamic extensor brace but more trials need to be conducted. Initial results show significant pain reduction, improved functionality of the arm, and improvement in pain-free grip strength. The beneficial effects of the dynamic extensor brace observed after 12 weeks were significantly different from the treatment group that received no brace. The beneficial effects were sustained for another 12 weeks. (Faes, 2006) (Faes2, 2006) Static progressive splinting can help gain additional motion when standard exercises seem stagnant or inadequate, particularly after the original injury. Operative treatment of stiffness was avoided in most patients. (Doornberg, 2006) These results differ from studies testing standard bracing which showed little to no effect on pain." In this case, the treater is requesting a proprietary JAS splint, manufactured by Joint Active Systems. While ODG does not specify a particular brand or variety of splint for elbow conditions, the requested splint appears reasonable as there is no evidence she has already received one. The patient is 6 weeks postoperative as of the time of this progress report, and the requested splint is an adjunct to physical therapy, with which the patient has been compliant.

Physical therapy progress note dated 11/20/14 indicates that elbow flexion has been progressing "slowly", therefore the utilization of a splint could result in improved function and reduced pain. The request IS medically necessary.