

Case Number:	CM14-0043970		
Date Assigned:	06/20/2014	Date of Injury:	07/10/2012
Decision Date:	01/27/2015	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/17/2014

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. The expert reviewer is Board Certified in Occupational Medicine 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:

According to the records made available for review, this is a 33-year-old female with a 7/10/12 date of injury, and removal of left olecranon and distal humerus, radical capsulectomy of the left elbow, and neurolysis left ulnar nerve on 9/20/13. At the time (2/25/14) of request for authorization for Bilateral elbow splints - Dynasplint (rental from 3/4/14-4/3/14), there is documentation of subjective (post operative pain and stiffness) and objective (full pronation and supination) findings current diagnoses (left elbow stiffness and left distal humerus fracture), and treatment to date (activity modifications, physical therapy, Dynasplint, and medications). There is no documentation of joint stiffness caused by immobilization, established contractures when passive range of motion is restricted, or healing soft tissue that can benefit from constant low-intensity tension of the right elbow, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of previous Dynasplint use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral elbow splints - Dynasplint (rental from 3/4/14-4/3/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Static progressive stretch (SPS) therapy. Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS does not address this issue. ODG identifies documentation of joint stiffness caused by immobilization, established contractures when passive range of motion is restricted, or healing soft tissue that can benefit from constant low-intensity tension, as criteria necessary to support the medical necessity of mechanical elbow splint. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of left elbow stiffness and left distal humerus fracture. In addition, there is documentation of LEFT elbow stiffness and previous Dynasplint use. However, there is no documentation of joint stiffness caused by immobilization, established contractures when passive range of motion is restricted, or healing soft tissue that can benefit from constant low-intensity tension of the right elbow. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of previous Dynasplint use. Therefore, based on guidelines and a review of the evidence, the request for Bilateral elbow splints - Dynasplint (rental from 3/4/14-4/3/14) is not medically necessary.