Case Number:	CM15-0010931		
Date Assigned:	01/28/2015	**Date of Injury:**	09/08/2013
Decision Date:	03/23/2015	**UR Denial Date:**	12/23/2014
Priority:	Standard	**Application Received:**	01/20/2015

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: Maryland, Texas, Virginia
Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 38 year old male, who sustained an industrial injury on September 8, 2013. He has reported injury to his left elbow. The diagnoses have included intra-articular fracture left elbow rule out loose body and evidence of post-traumatic cubital tunnel syndrome. Treatment to date has included diagnostic studies, physical therapy, sling, medications, splinting and home exercises. Currently, the injured worker complains of intermittent left elbow pain with occasional numbness and tingling in the ring and small fingers. He noted a 1/5 difficulty with all activities, with one being normal and five being inability to perform activities. He rated his sleep as semi-restful at 2/5. On December 24, 2014, Utilization Review non-certified a Stat-a-dyne Elbow Brace, noting the MTUS and Official Disability Guidelines. On January 20, 2015, the injured worker submitted an application for Independent Medical Review for review of a Stat-a-dyne Elbow Brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stat-a-dyne elbow brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): table 10-4.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 16-17, 41-42.

Decision rationale: The MTUS states that "For the medical management of non-displaced radial head fracture, the physician should prescribe a sling or splint for 7 days. (A shorter complete immobilization period of as little as 3 days may be used for non-displaced fractures that are clinically present but not visible on an x-ray.) After 7 days, gentle range-of-motion exercises within pain tolerance should begin, 17 followed by progressive mobilization. Range-of-motion exercises should primarily involve the elbow, but should also include the shoulder (to prevent frozen shoulder), and the wrist. Limited mobility may be achieved with a sling, cast, or posterior elbow splint wrapped over the joint with Elbow Complaints 17a tensor at 90 flexion. A thermoplastic splint with Velcro straps may also be used. As pain diminishes, the unresistant active movement should be increased to pain tolerance to prevent or minimize contracture. Quality studies are not available on these treatment options and there is not evidence of their benefits. However, these options are low cost, have few side effects, and are not invasive."The use of a splint may be a medical treatment option for the MTUS but this appears to be during the acute phase of the fracture. The provider is requesting surgery at this time, which may make the use of the splint reasonable as post-op treatment, however this is still pending. At this time, the request for Stat-a-dyne Elbow brace is not medically necessary.