

Case Number:	CM15-0011104		
Date Assigned:	01/29/2015	Date of Injury:	08/19/2011
Decision Date:	03/27/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/21/2015

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: 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:

The injured worker is a 44-year-old female who reported an injury on 01/25/2015. The mechanism of injury was unspecified. Her diagnoses include status post right shoulder surgery; right elbow medial and lateral surgery; right hand symptoms of possible carpal tunnel syndrome. Past treatments included surgery, physical therapy, and medication. On 12/19/2014, the injured worker complained of tenderness, pain, and weakness in the shoulder. The injured worker also complained of residual elbow and right extremity complaints of the wrist. The physical examination revealed the shoulder flexion and abduction was at 150 degrees. There was also tenderness at the lateral aspect of the right shoulder, as well as elbow; and a positive Phalen's test. Relevant medications were not indicated. The treatment plan included a brace for the elbow and brace for the wrist, along with continued physical therapy and medications. A rationale was not provided. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right wrist brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266..

Decision rationale: The request for right wrist brace is not medically necessary. According to the California MTUS/ACOEM Guidelines, any splinting or limitations based on the hand, wrist, and forearm activity should not interfere with total body activity in a mutual way; and strict elevation should be done for a short period of time at regular intervals. Furthermore, splinting should only be used at night and may be used during the day, dependent upon activity, with a recommendation of neutral wrist splints. Furthermore, it is indicated that a wrist and thumb splint, acetaminophen, and NSAIDs should be treated for patients with de Quervain's tendonitis for at least 4 weeks prior to corticosteroid injection. The injured worker was indicated to have right wrist complaints. However, there was a lack of documentation in regards to a clear rationale to indicate medical necessity for a wrist brace. Furthermore, there is a lack of documentation indicating the brace was ordered as a neutral wrist splint indicated to be used at night. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request for a right wrist brace is not medically necessary.

Right elbow neoprene sleeve brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 595.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Braces/Splinting (padding)

Decision rationale: The request for right elbow neoprene sleeve brace is not medically necessary. According to the California MTUS/ACOEM Guidelines, elbow braces may be recommended, although there is insufficient evidence to support efficacy and the use. Furthermore, the guidelines state that there is limited support for elbow supports in the management of epicondylitis. More specifically, the Official Disability Guidelines indicate braces and splinting is recommended for cubital tunnel syndrome with ulnar nerve entrapment to limit movement and reduce irritation. The injured worker was indicated to have right elbow pain. However, there is a lack of documentation to indicate the injured worker had instability or need for compression, and had ulnar nerve entrapment. In addition, there is a lack of a clear rationale to indicate the medical necessity for a neoprene sleeve brace for immobilization. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.