

Case Number:	CM15-0110530		
Date Assigned:	06/10/2015	Date of Injury:	01/02/2008
Decision Date:	07/14/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/01/2015

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 64 year old male, who sustained an industrial injury on January 2, 2008. The injured worker was diagnosed as having bilateral elbow strain, possible left shoulder internal derangement and right shoulder tenderness. A progress note dated April 14, 2015 provides the injured worker complains of neck, shoulder, back, elbow, hip, knee and ankle pain. There is a request for elbow braces with pads and surgeries.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right/left elbow braces with pads: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Elbow Chapter, Splinting (padding), page 128.

Decision rationale: Submitted reports have diagnosis to include bilateral elbow strain. Per guidelines, splinting and padding is recommended for cubital tunnel syndrome or ulnar nerve entrapment, and is to be worn daily and at night, limiting movement, possibly protecting and reducing irritation from hard surfaces; however, remains under study for use

with epicondylitis as no definitive conclusions can be drawn concerning effectiveness of standard braces or splints for lateral epicondylitis. Submitted report has not adequately identified clear clinical findings of the elbows nor any functional benefit, pain relief, or failed conservative treatments previously rendered. The Right/left elbow braces with pads is not medically necessary or appropriate.