

<b>Case Number:</b>	CM15-0116722		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	04/14/2011
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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 51-year-old female who sustained an industrial injury on 04/14/2011. Mechanism of injury was related to the performance of her job duties, which entailed constant keyboarding activities. Diagnoses include cubital tunnel syndrome, status post right open cubital tunnel release, right carpal tunnel release-open, and the first dorsal compartment cortisone injection-12/18/2012. Treatment to date has included diagnostic studies, occupational therapy, medications, activity modifications, braces and surgery. She is presently on regular work duty. Her medications include Gabapentin, and Norco. There is an unofficial report on x rays done on 02/07/2015, which showed no abnormalities, but there is perhaps some mild joint space narrowing of the first CMC joint. A physician progress note dated 04/10/2015 documents the injured worker complains of pain in her right wrist. She is reporting a slight increase in her pain since returning to full duty. Her right wrist has painful range of motion, and Tinel is positive in the ulnar nerve distribution. Right elbow range of motion is full but painful. There is tenderness to palpation over the medial epicondyle. The injured worker feels she does better with a brace. Treatment requested is for custom made elbow brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom made elbow brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

**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:** 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 acute cubital tunnel entrapment or its functional benefit, pain relief from previous use, or extenuating circumstance or unusual soft tissue contour for current request of a custom elbow brace. The Custom made elbow brace is not medically necessary and appropriate.