

Case Number:	CM15-0119814		
Date Assigned:	06/30/2015	Date of Injury:	08/09/2008
Decision Date:	07/29/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/22/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 58-year-old male, who sustained an industrial injury on 8/9/08. He reported pain in his left bicep after lifting a heavy object. The injured worker was diagnosed as having status post left distal bicep tendon repair with residual left elbow and forearm weakness, left shoulder strain with partial rotator cuff tear and cervical spine sprain and multilevel disc bulges. Treatment to date has included physical therapy, chiropractic treatments and Norco. On 3/16/15, the treating physician noted atrophy of the left bicep and tenderness to palpation over the medial epicondyle and flexor. Range of motion was flexion 76 degrees, extension -18 degrees, pronation 52 degrees and supination 46 degrees. As of the PR2 dated 4/28/15, the injured worker reports neck pain that radiates to the upper extremities. Objective findings include cervical spine tenderness to palpation over the bilateral paravertebral musculature and increased pain with Axial Compression tests. Cervical range of motion is flexion 35 degrees, extension 38 degrees, right rotation 70 degrees and left rotation 68 degrees. The treating physician requested bilateral elbow sleeves.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral elbow sleeve: 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 (Acute & Chronic): Splinting (padding) (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow section, Splinting.

Decision rationale: Pursuant to the Official Disability Guidelines, bilateral elbow sleeves are not medically necessary. Splinting (padding) is recommended for cubital tunnel syndrome including a splint or phone elbow pad worn at night and/or elbow pad to protect against chronic irritation from surfaces. Splinting his understudy for epicondylitis. No definitive conclusions can be drawn concerning effectiveness of standard braces or splints for lateral epicondylitis in combination with physical therapy. In this case, the injured worker's working diagnoses are status post surgical repair left elbow biceps tendon rupture 2008 with infection, fracture, calcification and extensor tendon impingement/thickening of the ulnar nerve; left shoulder strain with partial rotator cuff tear; recurring left upper extremity complex regional pain syndrome /stress and psychiatric complaints; psychiatric, dysphagia - dysphonia/hypertension and headache. According to an April 28, 2015 progress note, subjective symptoms are cervical pain that radiates in the upper extremities and the overall symptoms are unchanged. Objectively, examination is limited to the cervical spine. There is no physical examination of the elbows. Similarly, in a June 18, 2015 progress note there are no subjective or objective clinical symptoms or findings documented respectively. The injured worker is re-discharging from the treating orthopedist's care. There is no clinical discussion of bilateral elbow sleeve. There is no clinical indication or rationale in the medical record for bilateral elbow sleeves. Consequently, absent clinical documentation with a clinical discussion, indication and rationale for bilateral elbow sleeves, bilateral elbow sleeves are not medically necessary.