

Case Number:	CM15-0125094		
Date Assigned:	07/09/2015	Date of Injury:	01/08/2005
Decision Date:	08/12/2015	UR Denial Date:	06/21/2015
Priority:	Standard	Application Received:	06/29/2015

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, Hawaii
 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 57 year old female, who sustained an industrial injury on 1/8/2005. The mechanism of injury is unknown. The injured worker was diagnosed as having bilateral cubital and carpal tunnel syndrome and epicondylitis. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, chiropractic care, soft wrist brace, home exercise, massage, TENS (transcutaneous electrical nerve stimulation) and medication management. Prior surgeries included carpal tunnel release, cubital tunnel release, medial epicondylectomy and shoulder surgery. In a progress note dated 6/10/2015, the injured worker complains of unchanged bilateral shoulder, wrist and elbow pain and weakness. Physical examination showed cervical tenderness and shoulder pain. The treating physician is requesting hinged elbow braces for the bilateral elbows #2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hinged elbow braces for the bilateral elbows, Qty: 2.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow chapter.

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

Decision rationale: The patient presents with pain affecting the bilateral shoulders wrists, and elbows. The current request is for Hinged elbow braces for the bilateral elbows, Qty: 2.00. The treating physician report dated 6/10/15 (22B) states, "Cubital tunnel syndrome bilaterally, status post decompression." A report dated 6/18/14 (8C) states, "We requested" hinged elbow brace (L3760) to allow more extension and decrease pain within the elbows, please kindly authorize. The MTUS guidelines do not address the current request. The ODG guidelines state the following regarding splinting, "Recommended for cubital tunnel syndrome (ulnar nerve entrapment)." In this case, the patient presents with bilateral cubital tunnel syndrome, and the treating physician is requesting hinged elbow braces in order to decrease the pain in the patient's bilateral elbows. The current request satisfies the ODG guidelines as outlined in the Elbow chapter. The current request is medical necessary.