Case Number:	CM15-0171453		
Date Assigned:	09/14/2015	Date of Injury:	08/01/2013
Decision Date:	10/13/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	09/01/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 42-year-old female, who sustained an industrial injury on August 1, 2013. She reported bilateral elbow pain, bilateral wrist pain, bilateral forearm pain and bilateral hand pain. The injured worker was diagnosed as having elbow pain, extremity pain, hand pain, lateral epicondylitis and carpal tunnel syndrome. Treatment to date has included diagnostic studies, electrodiagnostic studies, lateral epicondyle injection on April 29, 2015, noted to still be providing benefit on July 21, 2015, trial physical therapy and chiropractic care without significant relief, elbow pad, ergonomic evaluation at work, medications and work restrictions. Currently, the injured worker continues to report bilateral elbow pain, bilateral wrist pain, bilateral forearm pain and bilateral hand pain. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was without complete resolution of the pain. Evaluation on May 26, 2015, revealed continued pain as noted. She rated her pain at 3 without the use of medications and at 7 without the use of medications on a 1-10 scale with 10 being the worst. Evaluation on July 21, 2015, revealed continued pain as noted. She rated her pain at 3 on a 1-10 scale with 10 being the worst with the use of medication sand 7 on a 1-10 scale with 10 being the worst without the use of medications. She noted her activity level had increased since the last visit. It was noted she had tried ibuprofen without significant relief, flexeril but felt "hung over" and Norco that was noted to cause insomnia. She noted Tizanidine helped. She noted wearing an elbow brace and noted it was effective for stabilization. She noted only wearing it at work and noted the Velcro had worn out. The RFA included requests for Left elbow brace and was non-certified on the utilization review (UR) on August 4, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left elbow brace: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Lateral Epicondylalgia, Medial Epicondylalgia.

Decision rationale: The ACOEM chapter on elbow complaints states: Epicondylalgia Supports (Tennis Elbow Bands, Braces or Epicondylitis Straps): Eleven articles were reviewed on orthotics for epicondylalgia, five studies 52, 53, 54, 55, 56 and six metaanalyses. 57, 58, 59, 60, 61, 62. Three of the studies were of intermediate quality and two were of low quality. One study examined a sample of 63 patients with symptoms for 6 weeks or longer in which 30 received treatment with the dynamic extensor brace and 33 received no brace for 12 weeks (there was a crossover period from weeks 12-24, where the no brace group received treatment with the brace). 53 The results of the study showed that "12 weeks of brace treatment results in relief of pain, improvement in functionality of the arm, and pain-free grip strength in patients with lateral epicondylitis. The beneficial effects last for at least another 12 weeks after cessation of the brace therapy." Another study evaluated 180 patients (with symptoms for at least 6 weeks) treating them with either physical therapy (n = 56), an Epipoint brace (n = 68) or combination of physical therapy and brace treatment (n = 56).54 as the physical therapy regimen was not specified, the results are uninterpretable. The authors concluded "brace treatment might be useful as initial therapy. Combination therapy has no additional advantage compared to physical therapy but is superior to brace only for the short term [6 weeks]." Quality studies are available on epicondylalgia supports in acute, subacute, and chronic lateral epicondylalgia patients, although the braces most commonly used in research studies are not widely used in the US. There is evidence of benefits. However, these options are low cost, have few side effects, and are not invasive. Thus, while there is insufficient evidence to support their use, they are recommended [Insufficient Evidence (I), Recommended]. While the ACOEM has some support for braces for epicondyle pain, the request is for an elbow brace with no more specifics on type or purpose. Therefore, the request is not medically necessary.