

Case Number:	CM15-0039202		
Date Assigned:	03/09/2015	Date of Injury:	08/15/2009
Decision Date:	04/15/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/02/2015

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, Arizona
 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 61-year-old male who reported an injury on 08/16/2009 due to an unspecified mechanism of injury. On 03/09/2015, he presented for a follow-up evaluation. He reported pain located in the cervical, thoracic, and lumbar spine, bilateral elbows, bilateral knees, and bilateral lower extremities. He stated that, with his pain medications, his pain level would be at a 4/10, and without, a 9/10. A physical examination showed a well-healed scar near the right elbow with moderate diffuse tenderness to palpation of the right olecranon and decreased range of motion of the elbow due to pain with severe tenderness to palpation of the right olecranon. He was diagnosed with lumbar radiculopathy, lumbar stenosis, osteoarthritis localized to the lower leg, sprain and strain of the elbow and forearm, chondromalacia of patella, and chronic pain syndrome. The treatment plan was for the purchase of a Stat-A-Dyne splint for the right elbow. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase one (1) Stat-A-Dyne Splint (no substitutions) to right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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, Splinting.

Decision rationale: The Official Disability Guidelines recommend splinting for the treatment of cubital tunnel syndrome. The documentation provided does not state a clear rationale for the medical necessity of a Stat-A-Dyne splint for the right elbow, and without this information, the request would not be supported. Also, the injured worker was not noted to have cubital tunnel syndrome on examination. Therefore, the request is not supported. As such, the request is not medically necessary.