

<b>Case Number:</b>	CM13-0046499		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/05/2010
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow, shoulder, and hand pain reportedly associated with an industrial injury of April 5, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of acupuncture; unspecified amounts of physical therapy; and the apparent imposition of permanent work restrictions. It does appear that the applicant has returned to work with said limitations in place. In a utilization review report of October 16, 2013, the claims administrator denied a request for cubital tunnel release surgery and associated postoperative physical therapy, Norco, Zofran, an elbow sling, and Duricef. A urine drug screen, however, was apparently endorsed. The applicant's attorney subsequently appealed. An earlier clinical progress note of September 6, 2013 is notable for comments that the applicant has persistent elbow pain with associated numbness, tingling, paresthesias about the ulnar nerve distribution. Acupuncture did not generate any lasting relief. The applicant has a positive Tinel sign at the elbow and associated tenderness about the medial epicondyle region. A cubital tunnel release surgery is sought along with postoperative medications. Permanent work restrictions are endorsed in the interim. Also reviewed is a March 26, 2013 electrodiagnostic testing report demonstrating mild bilateral ulnar neuropathy with no evidence of superimposed cervical radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Elbow Cubital Tunnel Release: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36-38.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 45.

**Decision rationale:** The Physician Reviewer's decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 10, surgery for ulnar nerve entrapment is endorsed in those applicants who have affirmed diagnosis of ulnar nerve entrapment, both clinically and electrodiagnostically, who have proven recalcitrant to three to six months of conservative treatment. In this case, the applicant has seemingly proven recalcitrant to conservative measures. A cubital tunnel release surgery is therefore indicated and appropriate. Accordingly, the original utilization review decision is overturned. The request is certified, on independent medical review.

**Elbow Sling:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36-38.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 24-25.

**Decision rationale:** While the MTUS does not specifically address the topic of postoperative sling usage, the MTUS-adopted ACOEM Guidelines in chapter 10 do support usage of a sling for up to one week, although ACOEM does endorse range of motion exercises to prevent immobilization. In this case, a cubital tunnel release surgery has been certified above. Postoperative usage of a sling is indicated and appropriate, albeit temporarily. Therefore, the request is certified.

**. Post-operative Medication Duracef:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36-38.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.aafp.org/afp/2011/0301/p585.html>

**Decision rationale:** The MTUS does not address the topic. As noted in American Family Physician (AAFP), a cephalosporin is the recommended prophylactic antibiotic for those individuals undergoing orthopedic surgery. Usage of Duricef is therefore indicated and appropriate. Accordingly, the request is certified

**Post-operative Medication Norco:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36-38.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in chapter 3, opioids should be used on an as needed basis to manage severe pain for as shorter period of time as possible. In this case, the applicant will likely have issues with postoperative pain control. Usage of Norco is therefore indicated and appropriate in this context. Accordingly, the request is certified. While this is, strictly speaking, a postsurgical case as opposed to an acute-to-subacute pain case, MTUS 9792.23.b.2 states that the postsurgical treatment guidelines in section 9792.20f shall apply together with treatment guidelines found elsewhere within the MTUS. Therefore, ACOEM is selected here. The request is certified.

**Post-operative Medication Zofran:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36-38.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm271924.htm>

**Decision rationale:** The MTUS does not address the topic. As noted by the Food and Drug Administration (FDA), ondansetron or Zofran is used to prevent nausea and vomiting postoperatively. In this case, the cubital tunnel release surgery has been certified, above. Postoperative usage of Norco is therefore indicated. Accordingly, the request is certified.

**Physical therapy 2 times a week for 4 weeks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36-38.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** As noted in MTUS 9792.24.3.a.2, an initial course of postoperative therapy should comprise of one-half of the general course of therapy for a specific surgery. In this case, MTUS 9792.24.3 does establish an overall course of 20 sessions of treatment following cubital tunnel release surgery. An initial eight-session course of treatment such as that being proposed here is therefore indicated and appropriate. Accordingly, the original utilization review decision is overturned. The request is certified as written.