

Case Number:	CM13-0066685		
Date Assigned:	05/07/2014	Date of Injury:	01/03/2012
Decision Date:	07/09/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/16/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Georgia and Texas. 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/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 injured worker is a 44-year-old female who reported an injury on 12/15/2011. The mechanism of injury was repetitive motion. The injured worker underwent two (2) electromyography/nerve conduction velocity (EMG/NCV) test with the most recent one being performed on 01/28/2013. The reading was a normal study. There was no electrodiagnostic evidence of peripheral neuropathy of the bilateral upper extremities. There was no electrodiagnostic evidence of bilateral upper extremity radiculopathy. The documentation of 11/13/2013 revealed that the injured worker's right hand was bothering her the most. The injured worker indicated that she had daily pain of 6/10 in the right hand. The injured worker indicated that the pain radiates from the right wrist to the right elbow causing pain rated at 6/10. The injured worker had frequent spasms in the right wrist and frequent numbness and tingling. The injured worker indicated that the pain was unbearable. The pain wakes the injured worker at night. Conservative care had included activity modification, medication, and bracing. The objective findings were limited range of motion of the right wrist and hand due to pain, stiffness, and some swelling at the base of the right thumb. The diagnoses included epicondylitis medially and laterally especially medially on the right, and carpal tunnel syndrome on the right with nerve studies in the past being unremarkable. The treatment plan included a right wrist brace, a right epicondylar release, and right carpal tunnel release. The treatment plan additionally included preoperative items of a complete blood count (CBC), comprehensive metabolic panel (CMP), urinalysis (UA), electrocardiogram (EKG), history and physical (H&P), and medications. The medications included amoxicillin 875 mg #20 for prophylactic infective measures, Zofran 8 mg #8 for postoperative nausea, Neurontin 600 mg #90 for neuropathic pain, and Norco 10/325 mg for postoperative pain along with an assistant surgeon. Subsequent documentation dated 12/11/2013 revealed that the injured worker had an epicondyle injection prior to going to this

physician's practice. The injured worker indicated that she had three (3) injections to the elbow with persistent symptomatology prior to her office visit with the specialist. The physician suggested that further injections were not going to be productive as there were records of recurrent injections causing a rupture along the ulnar collateral nerve of the elbow in prior studies. The injured worker had a carpal tunnel injection which gave short term relief. The injured worker had a positive Tinel's. It was noted that the injured worker had had no therapy since 2012. The injured worker has a TENS unit, but was utilizing a hot and cold wrap instead. Objectively, the injured worker had tenderness along the first extensor compartment. The injured worker jumped and shouted and had tenderness along the intersection and some swelling in that distribution. The injured worker had tenderness along the dorsum of the wrist, a positive Tinel's, tenderness along the carpal tunnel area along with tenderness along the base of the thumb, and tenderness was noted in the medial epicondyle with good motion. The physician suggested that since the surgery was not authorized, despite obvious history and the improvement from a carpal tunnel injection, an MRI of the wrist to look for swelling or edema along the median nerve. With regards to the elbow, the injured worker had three (3) injections prior to the office visit with another physician. The physician suggested a surgical intervention with epicondylar release was reasonable. Additionally, the treatment plan included a carpal tunnel wrist brace, elbow sleeve, hot and cold wrap for the wrist, hot and cold wrap for the elbow and shoulder, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

PREOPERATIVE CLEARANCE: HISTORY AND PHYSICAL (H & P), COMPLETE BLOOD COUNT (CBC), COMPREHENSIVE METABOLIC PANEL (CMP): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

ELECTROCARDIOGRAM (ECG/EKG): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

CHEST X-RAY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

AMOXICILLAN 875MG #20: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

ZOFRAN 8MG #20: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

NEURONTIN 60MG #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

REJUVENESS (1 SILICONE SHEETING TO REDUCE SCARRING): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

POLAR CARE RENTAL FOR TWENTY-ONE (21) DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

RIGHT EPICONDYLAR RELEASE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-49.

Decision rationale: The MTUS/ACOEM Guidelines indicate that surgical consultation is appropriate for injured workers that have significant limitations of activity for more than three (3) months and who have failed to improve with exercise programs aimed to increased range of motion, and strength of the musculature around the elbow or have clear clinical and electrophysiological evidence or imaging evidence of a lesion that has been shown to benefit in both the long and short term from surgical repair. Additionally, the guidelines indicate that conservative care should be maintained for a minimum of three to six (3 to 6) months. The clinical documentation submitted for review indicated that the injured worker had tenderness along the medial epicondyle. The injured worker had three (3) prior injections for the epicondyle. There was a lack of documentation of electrophysiologic evidence of a lesion. There was a lack of documentation indicating that the injured worker failed to improve with exercise programs to increase range of motion, and strength of musculature around the elbow. It was indicated that the injured worker had not participated in physical therapy since 2012. Given the above, the request for a right epicondylar release is not medically necessary.

RIGHT CARPAL TUNNEL RELEASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), CARPAL TUNNEL SYNDROME CHAPTER.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The MTUS/ACOEM Guidelines indicate that the referral for hand surgery consultation may be appropriate for injured workers who have red flags of a serious nature, have a failure to respond to conservative management including work site modifications, and have clear clinical and special study evidence of a lesion that has been shown to benefit in both the short and long term from surgical interventions. The requirements for carpal tunnel syndrome include carpal tunnel syndrome must be proved by positive findings on clinical examination, and the diagnosis should be supported by nerve conduction studies before surgery is undertaken. The clinical documentation submitted for review indicated that the injured worker had two (2) previous electrodiagnostic studies which were within normal limits. The injured worker had a positive Tinel's sign which would support the surgery clinically. However, as the electrodiagnostic studies were within normal limits. The requested surgery would not be supported. Given the above, the request for a right carpal tunnel release is not medically necessary.