

Case Number:	CM13-0071288		
Date Assigned:	01/31/2014	Date of Injury:	03/11/2013
Decision Date:	06/19/2014	UR Denial Date:	12/21/2013
Priority:	Standard	Application Received:	12/27/2013

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 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 54-year-old female who reported injury on 03/11/2013. The mechanism of injury was noted to be computer keyboard activity. The injured worker was treated with a wrist splint and 18 sessions of physical therapy. The medication history included opiates as of 04/2013. The injured worker underwent an EMG/NCV on 01/28/2013 which revealed bilateral ulnar sensory neuropathy, very mild with normal muscles. The documentation of 11/26/2013 revealed an initial hand consultation. The injured worker had complaints of paresthesias in the ulnar nerve distribution bilaterally, left greater than right. The injured worker was noted to be on no medications. The physical examination revealed the injured worker had tenderness over the bilateral cubital tunnels with a positive Tinel and flexed elbow compression test, left greater than right. The injured worker had tenderness over the bilateral lateral epicondyles, left greater than right and mild tenderness over the radial tunnels bilaterally. The injured worker had x-rays that revealed no bony or ligamentous abnormalities. It was indicated electrodiagnostic studies confirmed bilateral carpal tunnel syndrome and cubital tunnel syndrome. The diagnoses included bilateral cubital tunnel syndrome confirmed by electrodiagnostic studies. The discussion included that the injured worker had awoken at night several times in spite of activity modification and splint usage. The injured worker had used oral anti-inflammatories. The injured worker indicated that symptoms interfered with activities of daily living. It was indicated the injured worker had electrodiagnostic confirmation of cubital tunnel syndrome. The recommendation was a left cubital tunnel release. Additionally, medications dispensed included Dendracin lotion 60 mL and nabumetone 750 mg. The submitted request included 1 x-ray, Percocet 5/325, a preop clearance and 12 sessions of postop physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) LEFT CUBITAL TUNNEL RELEASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, 10,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, 10, 45-46

Decision rationale: ACOEM Guidelines indicate that surgery for ulnar nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence and a positive electrical study that correlates with clinical findings. There should be documentation of significant loss of function, as reflected in significant activity limitations due to nerve entrapment and that the injured worker has failed conservative care, including compliance with therapy, the use of elbow pads, removing opportunities to rest the elbows on the ulnar groove, workstation changes and avoiding nerve irritation at night by preventing prolonged elbow flexion while sleeping. The clinical documentation submitted for review indicated the injured worker had objective findings of ulnar nerve entrapment. The injured worker underwent an EMG/NCV on 01/28/2013 which revealed bilateral ulnar sensory neuropathy, very mild with normal muscles. There was a lack of documentation indicating the injured worker had failed conservative care including compliance therapy, the use of elbow pads, removing opportunities to rest the elbow on the ulnar groove and workstation changes as well as avoiding nerve irritation at night by preventing prolonged elbow flexion while sleeping. As such, the request for 1 left cubital tunnel release is not medically necessary.

DENDRACIN 60 ML #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , TOPICAL SALICYLATES, TOPICAL ANALGESICS, LIDODERM , 105, 111, 112

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicates that Topical Salicylates are recommended and topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Benzocaine in similar to Lidocaine and Lidocaine is only recommended in a Lidoderm patch. Per the online drug insert, Dendracin includes methyl salicylate, benzocaine and menthol and it is used for: Temporary relief of minor aches and pains caused by arthritis, simple backache, and strains. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of antidepressants and anticonvulsants. There was lack of documentation of exceptional

factors to warrant nonadherence to guideline recommendations. The duration of use could not be established through the submitted documentation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Dendracin 60 mL #1 is not medically necessary.

ONE (1) X-RAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, 11, 267-268

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, ELBOW, 42-43

Decision rationale: The ACOEM Guidelines indicate that the criteria for ordering imaging studies include that the imaging study would substantially change the treatment plan, there was an emergence of a red flag and there was failure to progress in a rehabilitation program. Plain film radiography to rule out osteomyelitis or joint effusion is appropriate in cases of significant septic olecranon bursitis. The clinical documentation submitted for review failed to indicate a PR2 or DWC Form RFA with requesting the treatment. The request as submitted failed to indicate the body part to be x-rayed. Given the above, the request for 1 x-ray is not medically necessary.

PERCOCET 5/325 MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , ,

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that opiates are appropriate for the treatment of chronic pain. There should be documentation of objective functional improvement and objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been utilizing opiates since 04/2013. There was a lack of documentation of objective functional improvement, objective decrease in pain and documentation the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Percocet 5/325 mg is not medically necessary.

ONE (1) PRE OP CLEARANCE: 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.

12 SESSIONS OF POST OP PHYSICAL THERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, ,

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