

Case Number:	CM14-0006534		
Date Assigned:	03/03/2014	Date of Injury:	05/02/2013
Decision Date:	06/30/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/17/2014

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 Orthopaedic Surgery 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 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:

This 32-year-old female CHP dispatcher sustained a right elbow injury on 5/2/13, when she extended the arm at the elbow and felt and heard a pop with onset of pain. The 7/1/13 EMG/nerve conduction study (NCS) impression documented electrodiagnostic evidence of severe right ulnar neuropathy across the elbow with a conduction velocity of only 12 meters per second. The 11/18/13 treating physician report cited continued right elbow pain and sensitivity, with associated numbness and tingling of all digits of the right hand. Right elbow physical exam documented normal range of motion, moderate medial epicondyle and medial flexor origin tenderness, normal strength, severe cubital tunnel tenderness, positive Tinel's sign, positive ulnar nerve subluxation with elbow flexion and extension, and right hand edema. Aggressive conservative treatment had been attempted and the patient failed to improve. The treatment plan recommended right elbow open exploration and sub-muscular transposition of the right ulnar nerve, repeat EMG/NCS of the right upper extremity, pre-op medical clearance, post-op physical therapy 12 visits, Surgi-Stim unit for 90 days, and Coolcare cold therapy unit. The 1/2/14 utilization review certified the elbow surgery request and modified the physical therapy request to 10 sessions rather than 12. The requests for repeat right upper extremity EMG/nerve conduction study, pre-op medical clearance, Surgi-Stim, and Coolcare cold therapy unit were denied. The 3/24/14 appeal letter stated that an updated EMG/NCS was appropriate to provide a current and reliable index of measurement in the diagnosis and treatment, and provide appropriate prognosis. Pre-operative medical clearance was requested for screening for possible presence of co-morbidity or any medical problem that would arise pre-operatively, operatively, and post-operatively. Coolcare cold therapy use was part of the patient's post-operative rehabilitation to decrease pain and edema and facilitate mobilization and graded exercise. The Surgi-Stim unit was requested to assist in managing post-operative swelling, edema and pain

with this tri-modality rehabilitative electrotherapy unit. Regarding physical therapy, the treating physician stated that the patient was entitled to 24 sessions of physical therapy for this injury under the labor code.

IMR ISSUES, DECISIONS AND RATIONALES

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

COOLCARE COLD THERAPY UNIT X 1 UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 11th Edition, Web 2013, Elbow Treatment Section; Cold Packs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, Cold

Decision rationale: Under consideration is a request for a Coolcare cold therapy unit. The ACOEM revised elbow chapter stated that at-home applications of cold packs are recommended despite insufficient evidence. The Official Disability Guidelines also recommend the at-home applications of cold packs. Guideline criteria have not been met. There is no guideline support for the use of continuous flow cryotherapy for post-operative management in the elbow. There is no compelling reason to support the medical necessity of a cold therapy unit over a simple cold pack. Therefore, this request for a Coolcare cold therapy unit is not medically necessary.

SURG-STIM UNIT X 90 DAYS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

Decision rationale: Under consideration is a request for Surg-Stim unit x 90 days. The Surgi-Stim unit provides a combination of interferential current, neuromuscular electrical stimulation (NMES), and galvanic current. The California MTUS states that galvanic stimulation is considered investigational for all indications. Guidelines stated that NMES appears to be useful in a supervised physical therapy setting to rehabilitate atrophied upper extremity muscles following stroke and as part of a comprehensive physical therapy program. Interferential current stimulation has limited support for significant pain from post-operative conditions that limit the ability to perform exercise programs or physical therapy treatment. The use of a Surgi-Stim unit in the post-operative treatment of this patient does not meet guideline criteria for medical necessity. If one or more of the individual modalities provided by this multi-modality unit is not supported, then the unit as a whole is not supported. Guidelines do not support the use of NMES or galvanic stimulation for post-operative home use. Therefore, this request for a Surgi-Stim unit is not medically necessary.

PRE-OP MEDICAL CLEARANCE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Textbook Of Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for clinical systems improvement (ICSI). Preoperative evaluation.

Decision rationale: Under consideration is a request for pre-op medical clearance. The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guideline criteria have been met. There is no general health assessment of risk factors documented in the file. The surgeon requested a medical clearance for screening of possible presence of co-morbidity or any medical problem that would arise pre-operatively, operatively, and post-operatively. He opened the need for additional expertise for this screening. Therefore, this request for pre-op medical clearance is medically necessary.

EMG OF THE RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33.

Decision rationale: Under consideration is a request for EMG of the right upper extremity. The ACOEM revised elbow chapter state that EMG is recommended as a possible option if severe nerve entrapment is suspected. There is no guidance for repeat EMGs for pre-operative assessment. The patient underwent right upper extremity EMG on 7/1/13 with findings of a severe ulnar nerve entrapment. There is no significant change noted in the clinical presentation to warrant a repeat EMG prior to surgery. Therefore, this request for EMG of the right upper extremity is not medically necessary.

NCS OF THE RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33.

Decision rationale: Under consideration is a request for NCS of the right upper extremity. The ACOEM revised elbow chapter state that nerve conduction study is recommended if severe

nerve entrapment is suspected. There is no guidance for repeat nerve conduction studies for pre-operative assessment. The patient underwent right upper extremity nerve conduction study on 7/1/13 with findings of a severe ulnar nerve entrapment with a conduction velocity of only 12 meters per second. There is no significant change noted in the clinical presentation to warrant a repeat nerve conduction study prior to surgery. Therefore, this request for NCS of the right upper extremity is not medically necessary.

12 SESSIONS OF POST-OP PHYSICAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18.

Decision rationale: Under consideration is a request for 12 sessions of post-op physical therapy. The California Post-Surgical Treatment Guidelines for surgical treatment of ulnar nerve entrapment suggest a general course of 20 post-operative visits over 10 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 10 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The 1/2/14 utilization review recommended partial certification of 10 post-op physical therapy visits consistent with guideline recommendations for initial visits. There is no compelling reason submitted to support the medical necessity of additional care. Therefore, this request for 12 post-operative physical therapy visits is not medically necessary.