

Case Number:	CM14-0100725		
Date Assigned:	09/16/2014	Date of Injury:	10/24/2008
Decision Date:	10/20/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/30/2014

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 Orthopedic 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:

37 year old male claimant with an industrial injury dated 10/24/08. Exam note 3/25/14 demonstrates complaints of rightshoulder pain and left elbow numbness. Pain is noted on flexion and extension of elbow. Exam note 04/22/14 states the patient returns with neck and right shoulder pain. The patient is status post a cortisone injection dated 03/25/14 and current medications include Flexeril and Norco. Physical exam demonstrates that the patient has paraspinal tenderness, trapezius spasm, and limited range of motion in all directions. The patient had a spasm when completing the right rotation and right lateral flexion test. The Spurling's maneuver test, foraminal compression test, shoulder depression, impingement, Neer's and empty can-supraspinatus test were all positive. There was evidence of tenderness over the rotator cuff on the right shoulder with weakness in the abductors and flexors at 5-/5. EMG/NCV testing on 11/5/12 demonstrates right sided median neuropathy with bialteral ulnar neuropathy across the elbow. Treatment includes right shoulder arthroscopy and left cubital tunnel release..

IMR ISSUES, DECISIONS AND RATIONALES

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

Left cubital tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37, 118, 119, 121, 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Elbow Procedure Summary last updated 02/14/2014

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow section

Decision rationale: CA MTUS/ACOEM is silent on the issue of surgery for cubital tunnel syndrome. According to the ODG, Elbow section, Surgery for cubital tunnel syndrome, indications include exercise, activity modification, medications and elbow pad and or night splint for a 3-month trial period. In this case there is insufficient evidence in the records that the claimant has satisfied these criteria in the cited records or correlating physical exam with the nerve conduction testing of 11/5/12. Therefore the determination is for non-certification.

Urine drug screen DOS 3/25/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Pain Procedure Summary last updated 05/15/2014 (Urine Drug Testing (UDT))

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 94-95, use of urine toxicology is encouraged particularly when opioids are prescribed. It states, "Opioids, steps to avoid misuse/addiction The following are steps to avoid misuse of opioids, and in particular, for those at high risk of abuse: a) Opioid therapy contracts. See Guidelines for Pain Treatment Agreement. b) Limitation of prescribing and filling of prescriptions to one pharmacy. c) Frequent random urine toxicology screens." In this case there is insufficient evidence of chronic opioid use or evidence of drug misuse to warrant urine toxicology. Therefore the determination is for non-certification.