

Case Number:	CM14-0110283		
Date Assigned:	08/04/2014	Date of Injury:	08/24/2013
Decision Date:	11/06/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/15/2014

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 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 55-year-old male, who reported injury on August 24, 2013. The mechanism of injury was not provided. The surgical history was not provided. Prior treatments included chiropractic care and physical therapy. The documentation indicated the injured worker had an injection of steroids into the lateral epicondyle of the right elbow. The documentation indicated the injured worker had an EMG/NCV report revealing a right moderate carpal tunnel syndrome versus electrodiagnostic changes and a right mild cubital tunnel syndrome. The documentation of May 15, 2014 revealed the injured worker had complaints of right elbow pain with associated right hand tingling and numbness. The injured worker was noted to have the conditions of diabetes, hypertension, and fibromyalgia. The physical examination of the right hand revealed the injured worker had a positive Tinel's over the cubital tunnel, and the elbow flexion test was positive. The injured worker had a Tinel's sign over the median nerve at the wrist and hand and a positive Phalen's sign with a median nerve compression test over the hand. The injured worker had decreased sensation over the ulnar nerve and median nerve distributions in the hand. 2 point discrimination measured 8 mm over the median and ulnar nerve distributions. The injured worker had 4/5 APB strength; otherwise, the strength was 5/5. Documentation indicated the injured worker had attended 12 sessions of physical therapy, acupuncture, and chiropractic care. The treatment plan included a right extensor origin debridement and release, right ulnar nerve anterior transposition at the elbow, and a right carpal tunnel rerelease. The diagnoses included right elbow lateral epicondylitis, right cubital tunnel syndrome, and right recurrent carpal tunnel syndrome. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extensor Origin Debridement (right elbow): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Surgery for epicondylitis

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

Decision rationale: The American College of Occupational and Environmental Medicine indicates that a surgical consultation may be appropriate for injured workers who have significant limitations of activity for more than 3 months with failure to improve in exercise programs to increase range of motion and strength of the musculature around the elbow or when there is clear clinical and electrophysiologic evidence or imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The clinical documentation submitted for review indicated the injured worker had undergone an injection. However, the injured worker's response to the injection was not documented. There was a lack of documentation indicating the injured worker had 3 to 6 months of continuous conservative treatment for the condition. As such, the request would not be supported. Therefore, the request is not medically necessary.

Ulnar Anterior Transposition (right elbow) and Carpal Tunnel Re- Release (right wrist): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Surgery for cubital tunnel syndrome (ulnar nerve entrapment)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 44-49, 270-271.

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have significant limitations of activity for more than 3 months with failure to improve in exercise programs to increase range of motion and strength of the musculature around the elbow or when there is clear clinical and electrophysiologic evidence or imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The guidelines further indicate that surgery for ulnar nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with clinical findings. There should be documentation the injured worker has failed full compliance therapy, including the use of elbow pads, removing the opportunity to rest elbows on the ulnar groove, work station changes, and avoiding nerve irritation at night by preventing prolonged elbow flexion while sleeping. The clinical documentation submitted for review failed to indicate the injured worker had 3 to 6 months of conservative care. There was a lack of documentation indicating the injured worker

had participated in and failed full compliance therapy. There was a lack of documentation of the electrodiagnostic studies. The official read was not provided. The portion of the request for the ulnar anterior transposition right elbow would not be supported. The American College of Occupational and Environmental Medicine recommends that 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. Initial care includes splinting and steroid injections. There was a lack of documentation of a failure of conservative care. Additionally, there was a lack of documentation of electrodiagnostic studies to support carpal tunnel syndrome. Therefore, the request is not medically necessary.

Pre-Operative Medical 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Post-Operative Pain Block: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

DVT (deep vein thrombosis) sequential device for 1 day: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Norco (10mg, #60): 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Zofran (8mg, #10): 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Duricef (500mg, #28): 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Narcosoft (#60): 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.