

Case Number:	CM14-0116615		
Date Assigned:	08/06/2014	Date of Injury:	07/12/2011
Decision Date:	09/10/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/25/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in New York 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 39 year old male who had a work related injury on 07/12/11. No documentation of mechanism of injury. Most recent clinical documentation submitted for review was dated 05/19/14. Chief complaint was painful snapping of the right elbow, triggering of the index and long fingers. Clinical documentation stated the initial injury occurred while he was picking up a ramp and he developed pain in the ring finger which then migrated to the shoulder. Evaluation of the upper extremities revealed no sign of rashes, swelling, discoloration, redness, or atrophy, node with tenderness to palpation at the base of the right index and long fingers, which with active locking with range of motion, markedly reduced right shoulder range of motion with weakness in flexion and abduction, right hand tendon clicking, and catching of two present digits, altered sensation in ulnar nerve distribution, and significant sensitivity at the right ulnar groove. Electromyography and nerve conduction studies (EMG/NCV) on 06/13/12 revealed findings of bilateral C5 to C6 radiculopathy. No other findings, including that of cubital tunnel syndrome. EMG/NCV (electromyography/nerve conduction velocity) on 12/20/13 revealed indication of possible borderline carpal tunnel syndrome on the left. No other significant findings. Findings consistent with cubital tunnel syndrome were indicated in the results. Prior utilization review on 07/02/14 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Release of right cubital tunnel: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic) Indications for Surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 240-241. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow chapter, Surgery for cubital tunnel syndrome (ulnar nerve entrapment).

Decision rationale: The request for release of right cubital tunnel is not medically necessary. The clinical documentation do not support the request. Electromyography and nerve conduction studies (EMG/NCV) on 06/13/12 revealed findings of bilateral C5 to C6 radiculopathy. No other findings, including that of cubital tunnel syndrome. EMG/NCV on 12/20/13 revealed indication of possible borderline carpal tunnel syndrome on the left. No other significant findings. As such, medical necessity of this request has not been established.

Ulnar nerve trans-muscular transposition with a rotation flap of flexor-pronator muscle:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic) Indications for Surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 240-241. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow chapter, Surgery for cubital tunnel syndrome (ulnar nerve entrapment).

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

PA assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Centers for Medicare and Medicaid Services (CMS), Physician Fee Schedule Search, CPT Code 64718, 24301-
<http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Physician's as Assistants at Surgery, AMA 2011.

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

Norco 10/325mg #40 with one (1) refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Opioid's.

Decision rationale: The request for Norco 10/325 milligrams quantity of 40 with one refill is not medically necessary. Current evidenced based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician. Therefore, this request is not medically necessary.

Cipro 500mg #6: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious disease, Ciprofloxacin (Cipro[®]).

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

Ten (10) post-op Physical Therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 234. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow chapter, Physical therapy.

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