

Case Number:	CM14-0058539		
Date Assigned:	08/08/2014	Date of Injury:	01/08/2005
Decision Date:	12/03/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	04/29/2014

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:

The patient is a 56-year-old female with an industrial injury dated January 08, 2005. Conservative treatments have included physical therapy, chiropractic treatment, home exercise programs, massage, hot/cold wrap, a soft wrist brace, elbow sleeve, TENS unit, and medications. The patient is status post a removal of the extra piece of thread from the joint, synovectomy, bursectomy, coracoacromial ligament release, Neer type acromioplasty followed by labral repair with biceps tendon release and stabilization dated April 23, 2012. Exam note April 09, 2014 states the patient returns with right shoulder, elbow, and wrist pain. Upon physical exam, there was evidence of tenderness along the lateral epicondyle on the right side and to medial epicondyle. In addition, there was evidence of tenderness on the right side with impingement findings. The patient demonstrated a decreased grip. Diagnosis include carpal tunnel syndrome, cubital tunnel syndrome, and epicondylitis laterally more than medially and impingement syndrome of the right shoulder. Treatment includes a right elbow percutaneous epicondylar release, a hinged elbow brace, and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Elbow Percutaneous Epicondylar Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Surgery of Epicondylitis

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow section, Surgery for epicondylitis

Decision rationale: The ACOEM Practice Guidelines recommends a minimum of 3-6 months of conservative care prior to contemplation of surgical care. The Official Disability Guidelines, recommends 12 months of non-operative management with failure to improve with NSAIDs, elbow bands/straps, activity modification and physical therapy program. In addition, there should be failure of injection into the elbow to relieve symptoms. In this case, there is insufficient evidence of failure of conservative care of 12 months to warrant a lateral epicondylar release from the exam note of April 9, 2014. Therefore, the request is not medically necessary.

Ultrasound Nerve Studies (NCV): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Elbow

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel section, Nerve conduction studies

Decision rationale: The California MTUS/ACOEM Practice Guidelines are silent on the issue of EMG/NCV testing. According to the Official Disability Guidelines, nerve studies are recommended in patients with clinical signs of CTS who may be candidates for surgery. Appropriate electrodiagnostic studies (EDS) include nerve conduction studies (NCS). In this case, there is no evidence of neurologic deficits or carpal tunnel syndrome in the cited records from April 9, 2014 to warrant NCS or EMG. 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 procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

DME: Hinged Elbow Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Splinting (Padding)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

DME: Polar Care: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Shoulder (Contiguous -Flow Cryotherapy)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

ReJuveness Sheet: 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 procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post Operative Medication Neurontin (600mg, #180): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Pain - Anti-Epilepsy

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Amoxicillin (875mg, #40): 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 procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Zofran (8mg, #20): 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 procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Topamax: 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 procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

MRI of the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Shoulder

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

Decision rationale: The ACOEM Practice Guidelines recommends imaging for red flag symptoms, physiologic evidence of tissue insult or neurovascular dysfunction or failure to progress in a strengthening program. In addition, imaging such as MRI would be appropriate for clarification of anatomy prior to an invasive procedure. None of the criteria has been satisfied based upon the records reviewed from April 9, 2014. Therefore, the request for MRI of the shoulder is not medically necessary and appropriate.

Nerve Studies: 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) Carpal Tunnel, Electrodiagnostic testing.

Decision rationale: The California MTUS/ACOEM Practice Guidelines are silent on the issue of EMG/NCV testing. According to the Official Disability Guidelines, nerve studies are

recommended in patients with clinical signs of CTS who may be candidates for surgery. Appropriate electrodiagnostic studies (EDS) include nerve conduction studies (NCS). In this case there is no evidence of neurologic deficits or carpal tunnel syndrome in the cited records from April 9, 2014 to warrant NCS or EMG. Therefore, the request is not medically necessary.