

<b>Case Number:</b>	CM14-0073209		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	02/15/2013
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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:

This 39-year-old female registered nurse sustained an industrial injury on 2/15/013. Injury occurred while attempting to restrain a psychiatric patient in the emergency department. The 2/15/13 right upper extremity nerve conduction study revealed mild compression of the ulnar nerve at or near the medial epicondyle. She failed conservative treatment and underwent right lateral epicondylar debridement and ulnar nerve decompression in December 2013. The 3/3/14 treating physician progress report cited right shoulder, elbow, and wrist pain. Medications included Motrin as needed. The patient had completed 4 of 12 authorized occupational therapy sessions with benefit. Physical exam documented range of motion to include flexion 140, extension 0, and supination/pronation 60 degrees. There was tenderness over the medial and lateral epicondyles and olecranon. There is slight decrease in the numbness in all distributions. The patient was to continue occupational therapy. Modified work was anticipated in 4 weeks. The 4/21/14 progress report cited grip strength weakness (80% loss) and decreased elbow and wrist range of motion. The patient was beginning to have functional losses secondary to disuse and not being properly rehabilitated. Additional physical therapy had been requested. Urine toxicology screen test was requested as a part of the pain-treatment agreement during opioid therapy. The patient remained off work. The 4/22/14 utilization review denied the request for additional physical therapy based on a lack of documentation regarding number of visits to date, date of surgery, and functional benefit. The request for Kera-Tek gel was denied as this is an over-the-counter pain relief gel for minor aches and pains and there was no documentation of medically necessary. The request for urine toxicology screen test was denied based on lack of documentation of current opioid use or inconsistent finding of a point-of-contact immunoassay dipstick screen. The request for a home unit for exercise was denied based on an absence of documented medical necessity for exercise equipment and information regarding the type of

equipment being requested. The 5/27/14 treating physician report indicated the patient was taking Motrin for pain and could not take tramadol as she was on SSRIs. Gastrointestinal complaints were noted with Motrin use and Prilosec had been prescribed. Subjective complaints included right shoulder, elbow, and wrist pain. Right elbow exam documented limited range of motion, unchanged from 3/3/14 exam. Flexion/extension strength was 4/5, grip strength was 4/5. The treatment plan recommended topical analgesic cream and massage therapy 2x4. A pending request for physical therapy and a TENS unit was documented.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Additional Physical Therapy two times a week for three weeks, right elbow, 6 visits:**

Overtured

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17 & 18.

**Decision rationale:** The California Post-Surgical Treatment Guidelines for lateral epicondylitis suggest a general course of 12 post-operative physical medicine visits over 12 weeks. Post-surgical treatment for ulnar nerve entrapment is recommended for 20 visits over 10 weeks. The post-surgical treatment period was defined as 6 months. 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 period. Guideline criteria have been met. Records indicate that the patient improved with initial occupational therapy. There has been no sustained improvement or progression with home exercise. There is mild residual loss in range of motion and continued elbow flexion/extension and grip strength weakness. The patient has been unable to return to modified work. The current request for 6 visits is within the general course and post-surgical treatment period. Although, specific objective functional benefit is not clearly delineated in the records, it appears that additional functional improvement can be accomplished. Additional supervised physical therapy would also insure full maturation of the patient's home exercise program. Therefore, this request for additional physical therapy two times a week for three weeks (6 visits) for the right elbow is medically necessary.

**Kera-Tek gel 4oz:** Overtured

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, page(s) 111-113 Page(s): 111-113.

**Decision rationale:** The California MTUS guidelines for topical analgesics state that any compounded product that contains at least one drug (or drug class) that is not recommended is

not recommended. Guidelines recommend the short term use of non-steroidal anti-inflammatory agents (NSAIDs), such as methyl salicylate, for osteoarthritis and tendinitis, particularly of the knee and elbow joints. Short term use is defined as 4-12 weeks. Menthol is a topical cooling agent that guidelines support as an optional form of cryotherapy. Guideline criteria have been met. This patient has reported gastrointestinal issues relative to oral NSAID use. The use of topical NSAIDs is supported as beneficial for short term use in the treatment of elbow tendinitis. Records suggest this is the initial request for topical analgesics. Therefore, this request for Kera-Tek gel 4 oz is medically necessary.

**Urine Toxicology Screen Test:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria for use, page(s) 43, 76-80 Page(s): 43, 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

**Decision rationale:** The California MTUS supports the use of urine drug screening in patients using opioid medication with issues of abuse, addiction, or poor pain control. The Official Disability Guidelines support on-going monitoring if the patient has evidence of high risk of addiction, history of aberrant behavior, history of addiction, or for evaluation of medication compliance and adherence. Guideline criteria have not been met. There is no evidence in the records that this patient is on opioid therapy. Tramadol has been reported as contraindicated and the patient is allergic to hydrocodone. The progress reports since 1/24/13 have documented medications limited to Motrin. Therefore, this request for a urine toxicology screen test is not medically necessary.

**Home 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 (ODG) (web: updated 2/14/14) Exercise.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise, Transcutaneous electrotherapy, page(s) 46-47, 114-121 Page(s): 46-47, 114-121.

**Decision rationale:** California MTUS supports the use of exercise for patients in the post-operative period. However, guidelines state that there is insufficient evidence to support the recommendation of any particular exercise regime over any other exercise regime. Relative to TENS units, the California MTUS supports use for post-operative pain in the first 30 days following surgery. Guidelines do not recommend a TENS unit as a primary treatment modality. A one-month home-based TENS unit trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for certain conditions. Supported indications include neuropathic pain, complex regional pain syndrome,

phantom limb pain, spasticity in spinal cord injury, and multiple sclerosis. Criteria for the use of TENS include chronic intractable pain with evidence that other appropriate pain modalities have been tried (including medications) and failed. Guideline criteria have not been met. The medical necessity of a home unit is not established relative to exercise equipment or TENS unit. There is no evidence that the patient meets guideline indications for TENS use relative to diagnosis, intractable pain, or failure of other pain modalities. There is no compelling reason to support the medical necessity of this request in the absence of a clear description of the item and stated indications. Therefore, this request for a home unit is not medically necessary.