

<b>Case Number:</b>	CM14-0083211		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	03/31/2013
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 Surgeon 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 49-year-old female who reported an injury on 03/31/2013. The mechanism of injury was not specifically stated. The current diagnoses include cervical spine strain with upper extremity radiculitis, right shoulder sprain/impingement syndrome, right shoulder tendonitis/bursitis, right elbow medial and lateral epicondylitis, and right wrist sprain. The injured worker was evaluated on 06/06/2014. The current medication regimen includes Motrin 800 mg, Fioricet, and Zanaflex 4 mg. The injured worker reported persistent cervical spine pain. Physical examination revealed limited range of motion of the right shoulder, positive impingement testing, 4/5 weakness, positive Tinel's at the right elbow, and tenderness at the medial and lateral epicondyle. Treatment recommendations at that time included a cervical spine epidural steroid injection, continuation of the current medication regimen, a right elbow ulnar nerve transposition, a right shoulder subacromial injection, and continuation of the home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the injured worker was referred to pain management for consideration of an epidural steroid injection. However, there is no evidence of cervical radiculopathy upon physical examination. There is also no mention of an attempt at any conservative treatment for the cervical spine. Based on the clinical information received, the request for Pain Management Consultation is not medically necessary.

**Orthopedic consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the injured worker's physical examination on the requesting date only revealed limited range of motion of the right shoulder with positive impingement sign. There is no documentation of an exhaustion of conservative treatment. The medical necessity for the requested Orthopedic Consultation has not been established.

**Cervical ESI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**Decision rationale:** The California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with active rehab efforts. Radiculopathy must be documented upon physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There was no evidence of cervical radiculopathy upon physical examination. There were also no imaging studies or electrodiagnostic reports submitted for this review. The specific level at which the Epidural Steroid Injection will be administered was not listed in the request. Based on the clinical information received, the Epidural Steroid Injection is not medically necessary.

**Right elbow ulnar nerve transposition:** Upheld

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

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

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have significant limitations of activity for more than 3 months, fail to improve with exercise programs, and have clear clinical and electrophysiologic or imaging evidence of a lesion. As per the documentation submitted, the injured worker's physical examination does reveal positive Tinel's testing with tenderness at the medial and lateral epicondyle. However, there were no imaging studies provided for this review. There is also no mention of an attempt at any conservative treatment. The request for Right Elbow Ulnar Nerve Transposition is not medically necessary.