MAXIMUS Federal Services

Case Number:	CM14-0135705		
Date Assigned:	08/29/2014	Date of Injury:	10/28/2009
Decision Date:	03/12/2015	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/21/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Minnesota, Florida
Certification(s)/Specialty: Orthopedic Surgery

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 59-year-old male, with a reported date of injury of 10/28/2009. The results of the injury were left shoulder pain and neck pain. The current diagnoses include impingement syndrome of the left shoulder, and cervical spine radiculitis with disc injury. The past diagnoses include impingement syndrome of the left shoulder, and cervical spine radiculitis with disc injury. Testing has included an electrodiagnostic exam on 05/06/2014 of the bilateral upper extremities, which showed mild left median neuropathy, and possible left cervical radiculopathy. The progress report (PR-2) dated 07/07/2014 was handwritten and some words are illegible. The report indicates that the injured worker complained of left shoulder and neck pain. He stated that he lifted something more than 50 pounds and his left elbow had pain all around it, and there was numbness of the two small fingers on his left hand. The objective findings included tenderness to the left elbow, and ulnar groove, which was severe; left arm weakness, with decreased sensation to the left small and ring fingers. The treating physician indicated that the injured worker needed a left elbow ulnar nerve exploration, but the rationale was not provided. The injured worker was permanent and stationary. The medical records provided for review do not include the operative report, or information regarding the operative procedure. On 07/31/2014, Utilization Review (UR) denied the request for postoperative Keflex 500mg #30. The UR physician noted that there was no documentation of recent or prior forms of conservative care. The Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op keflex 500mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation, 18th Edition, 2013 Updates: infectious procedure Cephalexin (Keflex A)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36, 37.

Decision rationale: Although the operative report is not provided, the documentation indicates that exploration of the left ulnar nerve at the elbow was planned. There is a request for postoperative Keflex # 30. California MTUS guidelines 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. Documentation indicating a firm diagnosis has not been provided. The guidelines also require evidence of failed conservative care including full compliance in therapy, use of elbow pads, removing opportunities to rest the elbow on the ulnar groove, work station changes if applicable, and avoiding nerve irritation at night by preventing prolonged elbow flexion while sleeping. 3-6 months of conservative care is recommended before a decision to operate. As such, the exploration of ulnar nerve was not supported by guidelines and the medical necessity of the surgical procedure is not established. As the surgical procedure performed was not medically necessary, the request for postoperative Keflex 500mg #30 was also not medically necessary.