

Case Number:	CM14-0194983		
Date Assigned:	12/02/2014	Date of Injury:	09/08/2011
Decision Date:	01/27/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/20/2014

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 Minnesota. 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 37-year-old male with date of injury of 9/8/2011. A recent medical report of 9/24/2014 indicated pain in the right wrist at 9/10 and right elbow at 6/10. He is status post right lateral epicondylar reconstruction for chronic epicondylitis and anterior transfer of the right ulnar nerve performed on 4/14/2014. On examination the right elbow range of motion is 0-120/130 degrees. There is mild edema. There was pain noted with pronation. Range of motion of the right wrist was 50% of normal with associated pain. The provider requested a refill of tramadol 50 mg 3 times a day as needed #90 with 2 additional refills. He also requested additional physical therapy 2 times a week for 4 weeks for the right wrist and right elbow. The request was modified by utilization review. With regard to the request for tramadol, there was no pain contract mentioned in the medical records pertaining to opioids. There was no discussion with respect to weaning, change in medications, orientation, functionality and/or benefit. Therefore the request for the opioid was modified. With regard to the physical therapy for the wrist and elbow the request was modified until documentation of functional improvement could be obtained. A follow-up orthopedic visit of November 5, 2014 indicates subjective complaints of pain in the right wrist, elbow, and shoulder. The pain level was 8/10. On examination there was a negative Neer and negative 90 cross over impingement test but extremely positive Apley's and Hawkins with weak abduction against resistance. There was exquisite tenderness over the inferior portion of the acromioclavicular joint, and the biceps tendon insertion and the subacromion. Right elbow flexion was 120/140 and he lacked 5 of extension. Pain was noted with pronation. Right palmar flexion was 20/60, dorsiflexion 20/60, radial deviation was 10/20 and ulnar deviation was 20/30. A physical therapy note dated September 12, 2014 is submitted. The note indicates completion of 24 prescribed visits after the elbow surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 MG 3 Times A Day As Needed Qty 270: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74, 89, 113, 124.

Decision rationale: Tramadol is a centrally acting symptomatic opioid analgesic and it is not recommended as a first line oral analgesic. As an opioid, it is subject to the same steps to avoid misuse, such as an opioid therapy contract, limitation of prescribing and filling of prescriptions to 1 pharmacy, frequent random urine toxicology screens, frequent evaluation of clinical history, establishment of goals of treatment then can be realistically achieved, initiation of appropriate non-opioid adjunct medication and exercise programs, and weaning. The documentation submitted does not indicate trial of other analgesics. Utilization review has modified the request to allow for weaning. The request as submitted does not meet the guideline criteria and as such is not medically necessary.

Additional Post Operative Physical Therapy for The Wrist and Elbow Qty 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17,18,10,11.

Decision rationale: Per operative report of 4/14/2014, the postoperative diagnosis was lateral epicondylitis of the right elbow and anterior subluxation of the ulnar nerve with tendinitis of flexor carpi ulnaris at the insertion on the right wrist. The procedure performed included lateral epicondyle reconstruction of the right elbow, anterior transposition of the ulnar nerve and injection of Depo-Medrol in the area of the flexor carpi ulnaris tendon at the right wrist. The operative report indicates a partial Epicondylectomy of the lateral epicondyle was performed and 2 anchors were placed to reattach the tendon. The tear in the tendon was longitudinal. The postsurgical treatment for the lateral epicondylitis surgery is 12 visits over 12 weeks. For the Cubital tunnel syndrome, the postsurgical treatment is 20 visits over 10 weeks. The initial course of therapy is one-half of these visits. After completion of the initial course, a subsequent course of therapy may be prescribed if there is documentation of continuing objective functional improvement. The documentation indicates that 24 visits of physical therapy were completed. The postsurgical physical medicine treatment period is 6 months for both procedures or up to 10/14/2014. The requested additional postoperative physical therapy of 12 visits exceeds the guidelines and has been modified by utilization review. The request as such is not supported by guidelines and therefore the medical necessity of this request is not established.

