

<b>Case Number:</b>	CM14-0204286		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	02/01/2012
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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, has a subspecialty in Sports Medicine, 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 injured worker is a 37-year-old female who reported an injury on 02/01/2012. The mechanism of injury was not submitted for review. The injured worker has diagnoses of left lateral epicondylitis, left cubital tunnel syndrome, left carpal tunnel syndrome, left intersection, left De Quervain's disease, right lateral epicondylitis, right cubital tunnel syndrome, right carpal tunnel neuropathy, median nerve status post cortisone injection, right intersection syndrome, right De Quervain's disease and status post carpal tunnel release, wrist flexor tenosynovitis, release ulnar nerve Guyon's canal. Diagnostics consist of an EMG of the bilateral upper extremities, which revealed a normal study bilaterally; there was no presence of degeneration or reinnervation on the right side or on the left side; there was no presence of a bilateral chronic active cervical radiculopathy. On 10/20/2014, the injured worker complained of right hand pain. She described it as a burning sensation in the hand and fingers sporadically throughout the day. There was stabbing pain in the right hand and wrist; aching in both elbows radiating up toward the shoulders; numbness of the 4th and 5th and forearm on the right side, worsening deep stabbing pain in the left upper arm between elbow and shoulder. Past medical treatment consists of physical therapy and medication therapy. Medications consist of tramadol ER 150 mg 1 tablet by mouth every 4 hours. The medical treatment plan is for the injured worker to undergo surgical repairs. Rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neuroplasty and transportation ulnar nerve:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Indications for surgery- simple decompression for cubital tunnel syndrome

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

**Decision rationale:** The request for neuroplasty and transportation of the ulnar nerve is not medically necessary. The California MTUS/ACOEM Guidelines suggest for surgical consultation evidence of significant limitations of activity for more than 3 months; failure to improve with exercise programs to increase range of motion and strength of the musculature around the elbow; or clear clinical and electrophysiological imaging evidence of a lesion that has been shown to be beneficial in both short and long term from surgical repair. Surgery during the first 3 months is only rarely indicated for elbow conditions that present for initial treatment. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits is very important. The documentation did not indicate significant limitations of activity for more than 3 months. There was indication of the injured worker having undergone physical therapy; however, efficacy of physical therapy sessions was not submitted for review. Additionally, nerve conduction study that was obtained on 05/14/2014 showed normal velocity. It was noted that there was no presence of denervation or reinnervation bilaterally. There was also no presence of bilateral chronic active radiculopathy. There were indications of emergence. Additionally, there was no indication of the injured worker having undergone counseling. Furthermore, the request as submitted did not specify which hand was to undergo the procedure. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.

**Neurolysis ulnar nerve arm:** 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Neurolysis ulnar nerve forearm:** 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Cold Therapy device x 30 days, CPM device: finger x 30 days: 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**DVT device, Transcutaneous Electrical Nerve Stimulation (TENS) device: 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Keflex 500mg #30: 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Zofran 4mg #330, wound care cream: 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Transcutaneous Electrical Nerve Stimulation (TENS) unit: 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Zofran 4mg #30:** 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Wound care cream (no details given regarding contents):** 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.