MAXIMUS Federal Services

Case Number:	CM15-0104197		
Date Assigned:	06/08/2015	Date of Injury:	10/19/2013
Decision Date:	07/13/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/01/2015

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: Illinois, California, Texas
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 43-year-old male who sustained an industrial injury on 10/19/13. Injury occurred after using a pick on hard ground to make a hole all day long. The 9/10/14 right elbow MRI impression documented insertional biceps tendinosis without tear and associated adjacent bursitis. There tendinopathy of the common extensor tendon at its origin without evidence of a tear. The 4/9/15 treating physician report cited persistent anterior right elbow pain. The injured worker had failed comprehensive conservative treatment. Current medications included Advil and Lorazepam. Objective findings documented full symmetrical elbow range of motion, mild tenderness over the right lateral epicondyle, and significant tenderness over the distal biceps tendon insertion. There was pain with resisted flexion and supination. The diagnosis was distal biceps tendon tendonitis. Authorization was requested for right elbow distal biceps tendon debridement or repair, post-operative appointment x1 within global period with fluoroscopy, 2 week use of a Game Ready unit, Naproxen 550mg #60, Zolpidem Tartrate 5mg #30 and Zofran 8mg #10. The 5/14/15 utilization review certified the request for right elbow biceps tendon debridement or repair. The request for one post-operative appointment within the global period with fluoroscopy was modified to one post-operative appointment as the basis for fluoroscopy was not identified. The request for two weeks use of a Game Ready unit was modified to one-week use consistent with guidelines for cryotherapy. The request for Naproxen 550 mg #60 was non-certified as the continued treatment of tendinosis following surgery was not supported. The request for Zolpidem Tartrate 5mg #30 was non-certified as the need for a sleep aid is not

demonstrated for post-operative use. The request for Zofran 8mg #10 was non-certified as the use of this medication for post-operative use was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative appointment x1 within global period with fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow: Office visits.

Decision rationale: The California MTUS does not specifically address office follow-up visits. The Official Disability Guidelines recommend evaluation and management office visits as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The 5/14/15 utilization review modified this request and approved one post-operative appointment. There is no rationale presented to support the medical necessity of routine post-operative fluoroscopy for this injured worker in the post-operative period. Therefore, this request is not medically necessary.

2 week use of a Game Ready unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic): Continuous-flow cryotherapy (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow: Cold packs; Shoulder: Cold compression therapy.

Decision rationale: The California MTUS are silent regarding cold compression therapy. Cryotherapy is recommended using standard cold packs. The Official Disability Guidelines do not recommend cold compression therapy in for patients undergoing upper extremity surgeries. There is no evidence of improved clinical post-operative outcomes for patients using an active cooling and compression device over those using ice bags and elastic wrap after upper extremity surgery. There is no support for continuous flow cryotherapy over standard ice parks for the proposed surgery. There is no compelling reason in the records reviewed to support the medical necessity of a mechanical cold system over standard cold pack in the absence of demonstrated improved clinical efficacy. Therefore, this request is not medically necessary.

Naproxen 550mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 18.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 40.

Decision rationale: The California MTUS guidelines support the use of oral non-steroidal anti- inflammatory drugs (NSAIDs) for the treatment of elbow pain. The short term post-operative use of Naproxen would be consistent with guidelines. Therefore, this request is medically necessary.

Zolpidem Tartrate 5mg #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 (ODG), Pain (Chronic): Zolpidem (Ambien), 2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Zolpidem (Ambienï½).

Decision rationale: The California Medical Treatment Utilization Schedule does not make recommendations relative to Zolpidem or insomnia treatment. The Official Disability Guidelines recommend the use of Ambien as first-line medication for the short term (7-10 days) treatment of insomnia with difficulty of sleep onset. The short term post-operative use of this medication is reasonable for possible post-operative insomnia up to 10 days. However, this request exceeds current guideline recommendations. Therefore, this request is not medically necessary.

Zofran 8mg #10: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Ondansetron (Zofran), 2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic): Antiemetics (for opioid nausa) and Other Medical Treatment Guidelines Practice guidelines for postanesthetic care: an updated report by the American Society of Anesthesiologists Task Force on Postanesthetic Care. Anesthesiology. 2013 Feb; 118(2):291-307.

Decision rationale: The California MTUS and Official Disability Guidelines (ODG) do not provide recommendations for anti-emetics for post-operative use. The ODG indicates that Zofran is FDA approved for post-operative use. Practice guidelines for post-anesthetic care support the use of anti-emetics, such as Zofran, for patients when indicated for post-operative nausea and vomiting. The use of Zofran for post-operative pharmacologic prophylaxis of nausea and vomiting is consistent with guidelines. Therefore, this request is medically necessary.