

Case Number:	CM15-0131886		
Date Assigned:	07/22/2015	Date of Injury:	06/12/2014
Decision Date:	08/19/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/08/2015

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: California, Indiana, Oregon
 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 46-year-old male, who sustained an industrial injury on 6/12/14. Initial complaint was of his right elbow. The injured worker was diagnosed as having right elbow sprain; sprain right wrist/hand; medial epicondylitis; right cubital tunnel syndrome. Treatment to date has included chiropractic therapy; physical therapy; acupuncture; cortisone injection right elbow; medications. Diagnostics studies included EMG/NCV study upper extremities (10/17/14); MRI right elbow (4/6/15). Currently, the PR-2 notes dated 6/16/15 indicated the injured worker complains of right elbow pain and numbness when still. Also, he reports tingling, twitching and sharp needles feeling. He has a loss of strength and grip due to the right elbow pain. He has received chiropractic, acupuncture and physical therapy as well as a cortisone injection in the right elbow but symptoms returned a few months later. He had been provided Motrin 800mg. His current pain is rated at 8-9/10 and described as sharp, burning, stabbing, throbbing and constant. He reports pins and needles, burning and pain in his right elbow. He also states that two fingers in the right hand are weak. The pain goes to his elbow and back. The pain lasts all day and it lasts for about four to six seconds at a time. His symptoms are worse with bending, reaching and grasping. With associated weakness. On physical examination the provider documents no tenderness on palpation of the paraspinal and cervical accessory musculature. His cervical range of motion is normal with full flexion and extension and no end range discomfort. He has good muscle strength on manual resistance testing but there is pain and submaximal effort on resisted right elbow and wrist flexion. He has normal sensation on light touch testing throughout the bilateral upper extremities without dermatomal hypoesthesia or dyesthesias. Reflexes are documented as normal. He has tenderness on palpation over the left medial epicondyle and cubital tunnel. His range of motion is noted as normal. Tinel's sign is positive for the right ulnar nerve at the elbow and negative for the left. Provocative tests notes resisted wrist- finger extension with no bilateral elbow pain. X-rays of the elbow are reported to

be negative. A MRI right Elbow dated 4/6/15 impression was probable distal biceps tendinosis/tendinitis and probable mild tendinosis of the common extensor tendon. An EMG/NCV study of the upper extremities dated 10/17/14 interpretation indicated a normal study adding there was no electrodiagnostic evidence of peripheral neuropathy in the right upper extremity or cervical radiculopathy on the right side based on the study. The provider is requesting authorization of a right elbow flexor tendon debridement, repair as needed, ulnar nerve decompression possible transposition. Post operative physical therapy for the right elbow two times a week for six weeks; Norco 5/325mg #60 for the right elbow and purchase of a cold therapy unit for the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right elbow flexor tendon debridement, repair as needed, ulnar nerve decompression possible transposition: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 604-605.

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

Decision rationale: CA MTUS/ACOEM Elbow Complaints Chapter 10 (2007 supplement) page 18 states that focused NCS/EMG with inching technique is required for the accurate diagnosis of cubital tunnel syndrome. There is no evidence of cubital tunnel syndrome on the EMG from 10/17/14. Therefore, this request is not medically necessary.

Post operative physical therapy for the right elbow two times a week for six weeks: 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.

Norco 5/325mg #60 for the right elbow: 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: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 6/16/15. Therefore, the request is not medically necessary.

Purchase of a cold therapy unit for the right elbow: 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.