

Case Number:	CM15-0146951		
Date Assigned:	08/07/2015	Date of Injury:	09/29/2012
Decision Date:	09/18/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/28/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 48 year old female, who sustained an industrial injury on September 29, 2012. The initial diagnosis and symptoms experience, by the injured worker, were not included in the documentation. Treatment to date has included right elbow cortisone injection, PRP injection, chiropractic care, acupuncture, physical therapy, medications, stretching exercises, brace, electrodiagnostic study and MRI. Currently, the injured worker complains of severe right elbow and right wrist pain associated with numbness and tingling that radiates to her ring and small fingers. She also reports numbness, tingling and burning in her thumb, index and middle fingers. She reports the pain is interrupting her sleep pattern. The injured worker is diagnosed with right carpal tunnel syndrome, right cubital tunnel syndrome and right medial epicondylitis. Her work status is modified duty. A note dated May 6, 2015 states the injured worker experienced temporary relief from the cortisone and PRP injection. The note also states the injured worker experienced some relief from stretching exercises and bracing. The note further states the injured worker has experienced therapeutic failure with the following; bracing, stretching, anti-inflammatory medications, physical therapy, chiropractic care and acupuncture. The following; right elbow ulnar nerve release and transportation, right carpal tunnel release, medial epicondyle debridement and repair, post-op physical therapy x2, pre-op medical clearance and Norco 10-325mg #45 are requested to alleviate the injured worker's pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right elbow ulnar nerve release & transportation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM California Guidelines Plus, Web-Based version.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: This claimant was injured in 2012. There has been right elbow steroid injection, platelet rich plasma, chiropractic care, acupuncture, physical therapy, medicine, stretching, brace, electrodiagnostics and an MRI. There is still severe elbow and right wrist pain, with numbness and tingling that radiates into the ring and small fingers. There is numbness and tingling in the thumb, index and middle fingers. The claimant has had bracing, stretching and NSAID as well. The California-MTUS ACOEM guides, Chapter 10 for the Elbow page 238 notes: Referral for surgical consultation may be indicated for patients who have: Limitations of activity for more than six months, Failed to improve with exercise programs to increase range of motion and strength of the musculature around the elbow, and Clear clinical and electrophysiologic, or imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. A decision to operate presupposes that a significant problem exists, as reflected in significant activity limitations due to the specific problem and that the patient has failed conservative care, including use of elbow pads, removing opportunities to rest the elbow on the ulnar groove, workstation changes (if applicable), and avoiding nerve irritation at night by preventing elbow flexing while sleeping. In this case, it is not clear that every conservative measure mentioned above had been exhausted. Therefore the request is not medically necessary.

Right carpal tunnel release: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM California Guidelines Plus, Web-Based version.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260.

Decision rationale: As shared previously, this claimant was injured in 2012. There has been right elbow steroid injection, platelet rich plasma, chiropractic care, acupuncture, physical therapy, medicine, stretching, brace, electrodiagnostics and an MRI. There is still severe elbow and right wrist pain, with numbness and tingling that radiates into the ring and small fingers. There is numbness and tingling in the thumb, index and middle fingers. The claimant has had bracing, stretching, and NSAID as well. Per ACOEM guides on page 260, CTS does not produce hand or wrist pain. It most often causes digital numbing or tingling primarily in the thumb, index, and long finger or numbness in the wrist. Symptoms of pain, numbness, and

tingling in the hands are common in the general population, but based on studies, only about one in five symptomatic subjects would be expected to have CTS based on clinical examination and electrophysiologic testing. The hand pain is atypical for carpal tunnel syndrome, and it would not be in the patient's best interest if a surgery was done to the wrists based on this atypical presentation. Therefore the request is not medically necessary.

Medical epicondyle debridement & repair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM California Guidelines Plus, Web-Based version.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: As shared previously, this claimant was injured in 2012. There has been right elbow steroid injection, platelet rich plasma, chiropractic care, acupuncture, physical therapy, medicine, stretching, brace, electrodiagnostics, and an MRI. There is still severe elbow and right wrist pain, with numbness and tingling that radiates into the ring and small fingers. There is numbness and tingling in the thumb, index and middle fingers. The claimant has had bracing, stretching and NSAID as well. The California-MTUS ACOEM guides, Chapter 10 for the Elbow note, on page 238, Referral for surgical consultation may be indicated for patients who have: Limitations of activity for more than six months, Failed to improve with exercise programs to increase range of motion and strength of the musculature around the elbow, and Clear clinical and electrophysiologic, or imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. In this case, there is no mention of frayed or damaged epicondyles on imaging, and so the third criterion above is not met. The request was appropriately non-certified when contrasted with the evidence-based guidelines. The request is not medically necessary.

Post-op physical therapy x 12: 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.

Pre-op medical clearance: 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 10/325mg #45: 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.