

Case Number:	CM15-0168812		
Date Assigned:	09/09/2015	Date of Injury:	03/10/2014
Decision Date:	10/27/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/27/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 57 year old male, who sustained an industrial injury on March 10, 2014. He reported pain in the bilateral elbows, arms and wrists with associated numbness in the hands. The injured worker was diagnosed as having bilateral tennis elbow syndrome, lateral epicondylitis, electropysiological evidence for bilateral carpal tunnel syndrome and ulnar neuropathy in April 2014, status post bilateral carpal tunnel release and ulnar nerve decompressions at the wrists with residuals and right lateral epicondylitis. Treatment to date has included diagnostic studies, surgical intervention of the bilateral wrists, bilateral wrist splints, cortisone injections, physical therapy, stimulation unit, home exercises, medications and work restrictions. Currently, the injured worker continues to report right shoulder, arm, wrist and hand pain radiating into the hand with right hand pinky numbness. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on April 22, 2105, revealed continued pain as noted. He was encouraged to perform stretching exercises. No diagnostic studies were recommended at the time. Evaluation on July 7, 2015, revealed continued pain as noted. It was noted he had failed previous injection therapy. Aerobic exercise was encouraged. X-ray of the right elbow revealed no fracture, dislocation, subluxation, arthritis or abnormality noted. He noted the pain was mild most of the time but interfered with social activities, concentrating and recreational activities. It was noted there was tenderness with palpation of the extensor attachment at the lateral epicondyle on the right. It was noted he has had extensive pre and postoperative physical therapy and occupational therapy. The RFA included requests for

EMG/NCV bilateral upper extremities, MRI of the right elbow, Retrospective Drug screen (DOS 7/7/15), Retrospective Omeprazole 20mg #60, no refill (DOS 7/7/15) and Ultrasound right elbow and right forearm and was non-certified on the utilization review (UR) on August 6, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right elbow: 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), Elbow.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Chronic Pain Considerations, Lateral Epicondylalgia.

Decision rationale: There is sufficient clinical information provided to justify the medical necessity of an elbow MRI for this patient. The MTUS reference to ACOEM guidelines support ordering of imaging studies for: emergence of a red flag, Failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological dysfunction that has been shown to be correctible by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctible lesion is confirmed. Specifically, MTUS reference to ACOEM recommends the use of MRI in the elbow for suspected ulnar collateral ligament tears. ODG states that an elbow MRI is recommended for chronic elbow pain, suspect chronic epicondylitis, plain films non-diagnostic; chronic elbow pain, suspect collateral ligament tear; plain films non-diagnostic. Within the medical information available for review, given documentation of a diagnosis of right elbow epicondylitis and right shoulder/arm pain of unknown etiology, subjective findings (pain traveling to the right upper arm and forearm, right elbow pain, and difficulty performing ADLs) and objective findings (full range of motion of the left elbow, pain over the extensor tendons of the lateral epicondyle) support the indication for an elbow MRI. Therefore, based on the submitted medical documentation, the request for a MRI of the elbow is medically necessary.

Ultrasound right elbow and right forearm: 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), Elbow.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Ultrasound, Elbow (Acute & Chronic) , Ultrasound.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of testing for this patient. The California MTUS guidelines and the ACOEM Guidelines and do not address this topic. Per the Occupational Disability Guidelines (ODG), "ultrasound (US) has been shown to be helpful for diagnosis of complete and partial tears of the distal biceps tendon, providing an alternative to MRI." This patient has chronic symptoms of

right elbow pain. Plain films have been non-diagnostic and the patient continues to have pain which affects routine activities of daily living. Objective and subjective symptoms are consistent with pain on palpation of the lateral epicondyl, suspicious for epicondylitis. An MRI has been authorized for this patient, an ultrasound is only a useful adjunct to chronic elbow pain as an MRI alternative. Hence, an ultrasound is not indicated in this case. Therefore, based on the submitted medical documentation, the request for right elbow ultrasound is not-medically necessary.

EMG/NCV bilateral upper extremities: 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), Carpal tunnel syndrome.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Chronic Pain, EMG/NCS.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of bilateral upper extremity EMG/ nerve conduction testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of nerve conduction studies. The ODG Guidelines state that: "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The medical documentation provided states that the patient complains of "radiation of pain' with right hand "pinky numbness". These clinical symptoms are a sign of radiculopathy. The medical records further document that the treating physician has recently recommended physical exercise rather than further imaging studies. Therefore, based on the submitted medical documentation, the request for bilateral EMG and nerve conduction studies is not-medically necessary.

Retrospective Omeprazole 20mg #60, no refill (DOS 7/7/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of the requested prescription for this patient. The clinical records submitted do not support the fact that this patient has refractory GERD resistant to H2 blocker therapy or an active h. pylori infection. The California MTUS guidelines address the topic of proton pump prescription. In accordance with California MTUS guidelines, PPIs (Proton Pump Inhibitors) can be utilized if the patient is concomitantly on NSAIDs and if the patient has gastrointestinal risk factors. This patient is not on NSAIDs. Additionally, per the Federal Drug Administration's

(FDA) prescribing guidelines for Nexium use, chronic use of a proton pump inhibitor is not recommended due to the risk of developing atrophic gastritis. Short-term GERD symptoms may be controlled effectively with an H2 blocker unless a specific indication for a proton pump inhibitor exists. This patient's medical records do not support a recent diagnosis of GERD. Furthermore, the patient has no documentation of why chronic PPI therapy is necessary. The patient's need for a PPI is not documented to be refractory to H2 blocker therapy and he has no records that indicate an active h. pylori infection. The patient is also not currently on NSAID therapy with recently documented GI symptoms. Therefore, based on the submitted medical documentation, the request for omeprazole 20mg prescription is not medically necessary.

Retrospective Drug screen (DOS 7/7/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a drug screen for this patient. The clinical records submitted do not support the fact that this patient has been documented to have a positive drug screen for illicit or non-prescribed substances. The MTUS guidelines recommend frequent and random urine drug screens where aberrant behavior is suspected. This patient has not been documented to have suspicion of aberrant behavior. His pain is documented as controlled and past medication use is consistent with currently prescribed medications. Therefore, based on the submitted medical documentation, the request for retrospective drug screening is not medically necessary.