

Case Number:	CM15-0181671		
Date Assigned:	09/22/2015	Date of Injury:	12/17/2010
Decision Date:	11/24/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/15/2015

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 48 year old female who sustained an industrial injury on 12-17-2010. A review of medical records indicates the injured worker is being treated for status post left lateral epicondylar release, status post left flexor muscle mass release with subcutaneous ulnar nerve transposition, persistent left ulnar neuropathy, status post platelet rich plasma injection for the lateral epicondylitis, much improved, and right lateral epicondylitis. Medical record dated 7-7-2015 noted she continued to struggle with left elbow pain with near constant tingling and numbness in the ulnar border digits of the left hand. She had weakness in the hand as well. Pain scale was not provided. Physical examination noted tenderness directly over the transposed ulnar nerve with swelling at the proximal ulnar nerve with a positive Tinel sign producing dysesthesias into the ring and small fingers. Treatment has included injections and medications (Norco since at least 7-7-2015). Utilization review form dated 9-9-2015 noncertified re-operative left ulnar nerve transposition, Norco 10-325mg, Prednisone 10mg, Zofran 8mg, and Postoperative occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-operative left Ulnar Nerve Transposition: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of surgery for cubital tunnel syndrome. According to the ODG, Elbow section, Surgery for cubital tunnel syndrome, indications include exercise, activity modification, medications and elbow pad and or night splint for a 3-month trial period. Simple decompression is recommended unless instability is documented. In this case, multiple procedures have been done with continued symptoms. The ulnar nerve is maximally treated and the residual symptoms are unlikely to get better with additional attempt at decompression. The request is not medically necessary.

Norco 10/325 mg QTY 60.00: 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): Opioids for chronic pain.

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. In this case, there is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity due to medications. Therefore, the request is not medically necessary.

Prednisone 10 mg QTY 5.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care.

Decision rationale: Per the CA MTUS/ACOEM Guidelines, page 264, forearm, wrist and hand complaints, clinical measures, mediations - systemic steroids are potentially more beneficial for patients with regards to symptoms, but side effects prevent there general recommendation. Since the request is for a medication not recommended, the request is not medically necessary.

Zofran 8 mg QTY 10.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of Zofran for postoperative use. According to the ODG, Pain Chapter, Ondansetron (Zofran) is not recommended for nausea and vomiting secondary to chronic opioid use. In this case the submitted records demonstrate no evidence of nausea and vomiting or increased risk for postoperative issues. Therefore, determination is not medically necessary.

Post op occupational therapy QTY 6.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.