

Case Number:	CM150202982		
Date Assigned:	10/19/2015	Date of Injury:	11/28/2014
Decision Date:	12/02/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/15/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 26 year old female who sustained a work related injury on 11-28-14. Medical record documentation on 9-3-15 revealed the injured worker was being treated for left elbow lateral epicondylitis, left cubital tunnel syndrome, left wrist extensor tenosynovitis and left carpal tunnel syndrome. She reported left elbow and wrist intermittent sharp pain which she rated a 7 on a 10 point scale and which was worse. Objective findings included a full range of motion of the left elbow and hand with no instability to varusvalgus stress. She had 55 strength with flexion extension pronation supination and had tenderness over the ulnar nerve on the medial aspect. She had no subluxation of the ulnar nerve evidence with flexion and extension of the elbow. She had a positive Tinel's sign over the median nerve at the wrist/hand. She had a positive Phalen's sign and medial nerve compression test. She had 45 APB strength otherwise 55 strength in the finger flexors and extensors. She had decreased sensation over the ulnar nerve and median nerve distribution of the hand. Previous treatment included 24 sessions of physical therapy. An EMG NCV of the bilateral upper extremities on 8-21-15 revealed entrapment neuropathy of the median nerve at the right wrist with mild to moderate slowing of nerve conduction velocity (carpal tunnel syndrome) and entrapment neuropathy of the median nerve at the left wrist with mild slowing of the nerve conduction velocity (carpal tunnel syndrome). A request for Zofran 8 mg #10 and DVT sequential device (rental) was received on 9-15-15. On 9-16-15, the Utilization Review physician determined Zofran 8 mg #10 and DVT sequential device (rental) was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 8 mg #10: 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 NonMTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Antiemetics (for opioid nausea) and Other Medical Treatment Guidelines Zofran Prescribing Information.

Decision rationale: The claimant sustained a cumulative trauma work injury while working as a [REDACTED] with date of injury in November 2014 and is being treated for left upper extremity pain. Electrodiagnostic testing in August 2015 showed findings of mild bilateral carpal tunnel syndrome. When seen in September 2015, she had left elbow and wrist pain rated at 7/10. Physical examination findings included left ulnar nerve tenderness at the elbow. There was positive Tinel's testing at the wrist and elbow. Carpal compression and Phalen's tests were positive. There was Ulnar nerve tenderness and positive elbow flexion testing. There was decreased median and ulnar hand sensation. A left carpal tunnel release was requested with post operative DVT unit and postoperative medications of Norco, Keflex, and Zofran. The claimant has a negative past medical history and no allergies. Her body mass index is nearly 46. Although nausea and vomiting are common with use of opioids, these side effects tend to diminish over days to weeks with continued exposure. In terms of ondansetron (Zofran), it is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment and for postoperative use and in the acute treatment of gastroenteritis. Without assessing the claimant following the planned surgical procedure, predicting a need for an antiemetic medication would not be possible. Prescribing Zofran prior to undergoing surgery is not appropriate or medically necessary.

DVT sequential device (rental): 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 NonMTUS Citation Bates SM, Jaeschke R, Diagnosis of DVT: antithrombotic therapy and prevention of thrombosis, 9th ed: American College of Chest Physicians (ACCP) evidencebased clinical practice guidelines. Chest 2012 Feb; 141 (2 Suppl):e351 S418 S and Suppl: 195 Se226 S.

Decision rationale: The claimant sustained a cumulative trauma work injury while working as a [REDACTED] with date of injury in November 2014 and is being treated for left upper extremity pain. Electrodiagnostic testing in August 2015 showed findings of mild bilateral carpal tunnel syndrome. When seen in September 2015, she had left elbow and wrist pain rated at 7/10.

Physical examination findings included left ulnar nerve tenderness at the elbow. There was positive Tinel's testing at the wrist and elbow. Carpal compression and Phalen's tests were positive. There was Ulnar nerve tenderness and positive elbow flexion testing. There was decreased median and ulnar hand sensation. A left carpal tunnel release was requested with postoperative DVT unit and postoperative medications of Norco, Keflex, and Zofran. The claimant has a negative past medical history and no allergies. Her body mass index is nearly 46. Deep venous thrombosis prophylactic therapy is routinely utilized in the inpatient setting with major abdominal, pelvic, extremity or neurologic surgery, or following major trauma. In this case, a major surgical procedure is not being planned and immobilization following the procedure would not be expected. If prophylaxis was indicated the claimant would not be expected to be intolerant of other means of prophylaxis including an oral anticoagulant. The use of the requested unit is not needed for this claimant's postoperative treatment and is not medically necessary.