

<b>Case Number:</b>	CM15-0036971		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	01/31/2014
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: California  
 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 39-year-old male who reported an injury on 01/31/2014. The mechanism of injury was cumulative trauma. Prior therapies included physical therapy. The injured worker was noted to undergo left ulnar nerve transfer. The documentation of 01/14/2015 revealed the injured worker had mild left elbow pain and mild bilateral wrist pain. The injured worker was noted to be undergoing physical therapy 4 times a week. The physical examination revealed the injured worker had full extension to flexion, supination, and pronation. The diagnosis included right elbow ulnar nerve entrapment. The treatment plan included Norco 10/325 mg #60, Prilosec 20 mg #90, Xanax 1 mg #60, and Prozac 20 mg #60. The treatment plan included a right elbow ulnar nerve transfer. The documentation indicated the injured worker had decreased sensation in the 4th and 5th fingers on the right and a positive Tinel's test over the nerve. The documentation indicated the injured worker did not have positive findings on nerve conduction study; however, did have symptoms. The injured worker underwent an MRI of the right elbow which revealed joint effusion and no specific signs for internal derangement and no bone or other soft tissue abnormalities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Elbow Ulnar Nerve Transfer: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 240.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 45-46.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicates that surgery for ulnar nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence and positive electrodiagnostic studies. There should be documentation of a failure of conservative care including full compliance therapy, the use of elbow pads, removing opportunities to rest the elbow on the ulnar groove, and avoiding nerve irritation at night by preventing prolonged elbow flexion while sleeping. The clinical documentation submitted for review failed to provide documentation of a failure of the specific conservative care. There was a lack of documentation of electrodiagnostic studies to support the injured worker had a necessity for right elbow ulnar nerve transfer. Given the above, the request for right elbow ulnar nerve transfer is not medically necessary.

**Pre-op 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.

**Physical Therapy (duration & frequency unknown):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend up to 10 sessions of physical medicine for the treatment of myalgia and myositis. The clinical documentation submitted for review indicated the injured worker had been under physical therapy for his shoulder and his left elbow. However, there was a lack of documentation of the quantity of sessions that had been attended and documentation of objective functional deficits that remained. Additionally, the request as submitted failed to indicate whether the request was for the right or left elbow or shoulder. There was a lack of documentation indicating a duration, frequency, and body to be treated per the submitted request. Given the above, the request for physical therapy (duration & frequency unknown) is not medically necessary.

**Xanax 1mg (quantity unspecified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24 and 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines do not recommend the use of benzodiazepines for longer than 4 weeks due to the possibility of psychological and physiologic dependence. The clinical documentation submitted for review indicated the injured worker had utilized the medication. There was a lack of documentation of objective functional benefit. There was a lack of documentation indicating a necessity for continued treatment. The request as submitted failed to indicate the quantity and frequency. Given the above, the request for Xanax 1 mg (quantity unspecified) is not medically necessary.