

<b>Case Number:</b>	CM15-0038290		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	07/28/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: Illinois, California, Texas

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 female, who sustained an industrial injury on 7/28/14. Injury was reported due to repetitive work activities. The 10/17/14 electrodiagnostic report documented no evidence of median neuropathy, ulnar neuropathy, radial neuropathy, plexopathy, or radiculopathy in the upper extremities. The 11/13/14 bilateral wrist x-rays documented slight osteoarthritic changes of the carpometacarpal joints and radiocarpal joints bilaterally. Records documented that conservative treatment had included cortisone injections, modified work, off work, anti-inflammatory medications, topical creams, occupational therapy, cold therapy, and night splints. Records indicated that the patient attempted to return to work with a phased increase in hours, but had difficulty with repetitive keyboarding activities greater than 4 hours per day. The 2/9/15 treating physician report cited follow-up for bilateral lateral epicondylitis, left deQuervain's, and left carpal tunnel syndrome. The injured worker had one month of relief with a left carpal tunnel injection at the last visit. She reported that returning to work had aggravated her symptoms with left lateral elbow pain most significant today. The injured worker was left hand dominant. Left wrist exam documented positive Phalen's and Tinel's with radiating symptoms into the median nerve distribution of the left hand. There was strong thumb opposition with no thenar atrophy. There was positive Finkelstein's left wrist and tenderness to palpation over the dorsoradial left wrist. Bilateral elbow exam documented pain with resisted pronation, pain with resisted wrist extension/ulnar deviation, left worse than right. There was swelling, warmth, and tenderness to palpation over the lateral epicondyles bilaterally. Elbow range of motion is full. The diagnosis was lateral epicondylitis, carpal tunnel syndrome, and deQuervain's

stenosing tenosynovitis. The treating physician reported that the patient had undergone lengthy conservative treatment including forearm straps, anti-inflammatories, carpal tunnel and elbow corticosteroid injections, rest from work, and occupational therapy stretching and strengthening. He reported that patients with early phases of carpal tunnel syndrome sometimes had normal EMG and the diagnosis was made clinically. The treatment plan recommended bilateral upper extremity EMG for carpal tunnel syndrome, and surgery including left deQuervain's release, possible left carpal tunnel release, and possible left lateral epicondylitis surgery. Additional requests included left elbow and left hand/wrist x-rays, elbow strap with pads, and Doterra essential oils for pain and inflammation as the injured worker reported oils provided relief of pain. The 2/25/15 utilization review certified a request for left deQuervain's release. The 2/25/15 utilization review non-certified a request for repeat EMG (electromyography)/NCV (nerve conduction studies), possible carpal tunnel release and possible left lateral epicondylitis surgery, elbow strap with pads and essential oils noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS, ACOEM Guidelines and ODG were cited. On 3/02/2015, the injured worker submitted an application for IMR.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Possible left carpal tunnel release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

**Decision rationale:** The California MTUS guidelines state that carpal tunnel syndrome should be proved by positive findings on clinical exam and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. Criteria include failure to respond to conservative management, including worksite modification. Guideline criteria have not been fully met. This patient presents with signs/symptoms and clinical exam findings consistent with carpal tunnel syndrome. A corticosteroid injection into the left carpal tunnel provided relief of symptoms. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, electrodiagnostic studies were documented as normal with no evidence of median nerve entrapment. Repeat electrodiagnostics have been requested. Therefore, this request is not medically necessary at this time.

**Repeat EMG/NCV:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome: Electrodiagnostic studies (EDS).

**Decision rationale:** The California MTUS guidelines state that appropriate electrodiagnostic studies help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These may include nerve conduction study, or in more difficult cases, EMG may be helpful. The Official Disability Guidelines indicate that nerve conduction studies and EMG may confirm the diagnosis of carpal tunnel syndrome, but may be normal in early or mild cases of carpal tunnel syndrome. If the electrodiagnostic studies are negative, tests may be repeated later in the course of treatment. Guideline criteria have been met. Given the continued symptoms and failure to conservative treatment, this request for repeat EMG/NCV is consistent with guidelines. Therefore, this request is medically necessary.

**X-rays of left wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), X-rays.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand: Radiography.

**Decision rationale:** The California MTUS guidelines do not recommended the routine use of radiography for the evaluation of forearm, wrist, and hand complaints. The Official Disability Guidelines recommend radiographs for patient with a history of trauma. An initial x-ray study is supported for chronic wrist pain. Guideline criteria have not been met. Records documented that bilateral wrist x-rays were performed on 11/13/14. Guidelines support an initial study. There is no compelling reason to support the medical necessity of repeat x-rays. Therefore, this request is not medically necessary.

**Elbow strap with pads:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 41-42.

**Decision rationale:** The California MTUS Elbow guidelines support the use of elbow padding for ulnar neuropathies at the elbow and olecranon bursitis. Elbow bracing is recommended for epicondylalgia, ulnar neuropathies at the elbow, and elbow dislocation. Guideline criteria have been met. The use of elbow padding is not supported in a variant of epicondylalgia, lateral epicondylitis. There is no evidence this patient had ulnar neuropathy. Therefore, this request is medically necessary.

**Essential oils:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cod liver oil.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Ou MC, Lee YF, Li CC, Wu SK. The effectiveness of essential oils for patients with neck pain: a randomized controlled study. J Altern Complement Med. 2014 Oct;20(10):771-9. doi: 10.1089/acm.2013.0453. Epub 2014 Sep 5.

**Decision rationale:** The California MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There are no large volume high quality studies found to support the efficacy of essential oils for diagnoses of lateral epicondylitis, carpal tunnel syndrome, or deQuervain's. Guideline criteria have not been met. There is no compelling reason to support the medical necessity of essential oils over topical analgesics that have guideline support for upper extremity pain and inflammation. Additionally, the specific essential oil is not specified to allow medical necessity to be established. Therefore, this request is not medically necessary.

**Possible left lateral epicondylitis surgery:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow disorder.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35-36.

**Decision rationale:** The California MTUS updated ACOEM elbow guidelines state that surgery for lateral epicondylalgia should only be a consideration for those patients who fail to improve after a minimum of 6 months of care that includes at least 3-4 different types of conservative treatment. However, there are unusual circumstances in which, after 3 months of failed conservative treatment, surgery may be considered. Guideline criteria have been met. This patient presents with persistent function-limiting left elbow pain. Clinical exam evidence is consistent with lateral epicondylitis. Detailed evidence of at least 6 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

**X-rays of left elbow:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow: Radiography.

**Decision rationale:** The California MTUS guidelines recommend x-rays to assess red flag conditions. The Official Disability Guidelines recommend x-rays prior to other imaging in the evaluation of chronic epicondylitis. Guideline criteria have not been met. There is no current rationale to support the medical necessity of x-rays for the left elbow. There is no history of trauma or indication that additional imaging is planned. Therefore, this request is not medically necessary.