

Case Number:	CM14-0120902		
Date Assigned:	08/06/2014	Date of Injury:	01/28/2014
Decision Date:	10/07/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/31/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 30-year-old female who has submitted a claim for right carpal tunnel, right cubital tunnel syndrome, right epicondylitis, left shoulder pain, and fibromyalgia associated with an industrial injury date of 01/28/2014. Medical records from 02/08/2014 to 07/10/2014 were reviewed and showed that patient complained of left shoulder, right elbow and right hand pain (pain scale grade not specified). Physical examination of the left shoulder revealed tenderness over biceps and subacromial bursa. Physical examination of the right elbow revealed tenderness over the lateral and medial epicondyle. Physical examination of the right wrist revealed positive Tinel's and Phalen's tests and pain on wrist extension. MRI of the left shoulder dated 07/10/2014 revealed bursal-sided fraying of the infraspinatus tendon near the footprint. Treatment to date has included unspecified visits of physical/occupational therapy, HEP, ice application, and pain medications. Of noted, physical/occupational therapy helped improve symptoms (05/30/2014). Utilization review dated 07/15/2014 denied the request for cortisone injection, nerve conduction study, and custom static splint because there was no documentation of conservative therapy failure. Utilization review dated 07/15/2014 denied the request for occupational therapy because the area of treatment was not specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right elbow cortisone injection: 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, injections (corticosteroid)

Decision rationale: CA MTUS does not specifically address elbow injections. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that corticosteroid injections are not recommended as a routine intervention for epicondylitis, based on recent research. The significant short-term benefits of corticosteroid injection are paradoxically reversed after six weeks, with high recurrence rates, implying that this treatment should be used with caution in the management of tennis elbow. Corticosteroid injection does not provide any long-term clinically significant improvement in the outcome of epicondylitis, and rehabilitation should be the first line of treatment in acute cases. Use of steroid injections to treat tennis elbow has been increasingly discouraged because of lack of long-term efficacy data and high recurrence rates. Pooled results from this systematic review showed that beyond 8 weeks, glucocorticoid injection was no more effective than placebo in lateral epicondylitis. In this case, the patient complained of chronic right elbow pain with injury date of 01/28/2014. The guidelines state that corticosteroid injections are not recommended as routine intervention for epicondylitis because of lack of long-term efficacy and high recurrence rates. There is no discussion as to why variance from the guidelines is needed. Therefore, the request for Right elbow cortisone injection is not medically necessary.

Nerve Conduction Study (NCV) Test of the right hand: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG)

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) Neck and Upper Back, Nerve Conduction Studies Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81

Decision rationale: CA MTUS ACOEM Guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. Moreover, ODG states that NCS is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly consistent with radiculopathy. A published study entitled "Nerve Conduction Studies in Polyneuropathy" cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and

separation of neuropathies. In this case, the patient complained of left shoulder, right elbow and right hand pain. Neurological examination of the right upper extremity was not made available. The patient's clinical manifestations were not consistent with symptoms of neuropathy. The medical necessity cannot be established to insufficient information. Therefore, the request for Nerve Conduction Study (NCV) Test of the right hand is not medically necessary.

Custom static splint: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 156. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Splinting (Padding)

Decision rationale: According to pages 156 of the ACOEM Practice Guidelines referenced by CA MTUS, splints encourage lack of mobility which likely impairs or delays recovery with potentially increasing risk of complex regional pain syndrome, debility and delayed recovery. There are limited indications for splints in patients with select diagnoses generally involving more extensive surgical procedures or other needs to utilize splints for protective purposes. CA MTUS does not specifically address elbow splints. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that elbow splints are recommended for cubital tunnel syndrome (ulnar nerve entrapment), including a splint or foam elbow pad worn at night (to limit movement and reduce irritation), and/or an elbow pad (to protect against chronic irritation from hard surfaces). Elbow splints are under study for epicondylitis. No definitive conclusions can be drawn concerning effectiveness of standard braces or splints for lateral epicondylitis. If used, bracing or splinting is recommended only as short-term initial treatment for lateral epicondylitis in combination with physical therapy. In this case, the patient complained of chronic right elbow and right hand pain. The request failed to specify the body part for which the custom static splint was needed. The medical necessity cannot be established due to insufficient information. Therefore, the request for Custom static splint is not medically necessary.

Occupational Therapy x 12 Sessions: Upheld

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

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

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to

maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, the patient completed unspecified visits of physical/occupational therapy. There was documentation of functional improvement with physical/ occupational therapy. It is unclear as to why the patient cannot self-transition into HEP. Therefore, the request for Occupational Therapy x 12 Sessions is not medically necessary.