MAXIMUS Federal Services

Case Number:	CM14-0124661		
Date Assigned:	09/30/2014	Date of Injury:	05/24/2011
Decision Date:	11/20/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/07/2014

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 Orthopedic Surgeon and is licensed to practice in New York, New Hampshire, and Washington. 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 50-year-old female with date of injury of the 24th 2011. The patient had right elbow ulnar nerve transposition and ligament repair. MRI of the right elbow noted bone marrow edema without approval. There is no evidence of degenerative changes. The tendons are unremarkable. Diagnosis is mild tendinosis. Physical examination patient has tenderness of the elbow. Patient continues to have elbow pain, and at issue is whether additional right elbow surgeries medically necessary. Patient also has chronic back, ankle, and knee pains. Lumbar MRI shows 3 bulging discs. Back exam shows painful range of motion. Patient had back physical therapy (PT) and epidural injections. Patient has bilateral knee viscosupplementation injections. Right knee MRI shows degenerative changes. Left knee MRI shows enchondroma of lateral condyle. Knee x-rays show osteoarthritis in both knees. Knee exam shows stable knees with painful range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left elbow ulnar nerve transposition: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery- Simple Decompression (SD) for Cubital Tunnel Syndrome

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Elbow Chapter

Decision rationale: This patient does not meet establish criteria for ulnar nerve transposition. The patient had previous ulnar nerve transposition surgery. Specifically the medical records do not document new electrodiagnostic studies indicating severe compression of the ulnar nerve at the elbow.In addition the patient does not have physical exam clearly documents ulnar nerve pathology at the elbow. Criteria for ulnar nerve transposition not met at this time. There is no clear documentation of failure previous ulnar transposition surgery. Therefore, the request for left elbow ulnar nerve transposition is not medically necessary and appropriate.

Left extensor tendon repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 240, 270.

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

Decision rationale: The medical records do not document MRI evidence of tendon tear physical examination does not document evidence of tendon tear. The patient has had ulnar nerve transposition with flexor tendon repair and lateral ulnar collateral ligament repair. Imaging studies do not document recurrent tear. Physical examination does not support recurrent tear. Therefore, left extensor tendon repair is not medically necessary and appropriate.

Post operative physical therapy 2 to 3 times a week for 4 to six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270,Postsurgical Treatment Guidelines Page(s): 37.

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

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.

Post operative sling: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

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

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.

Left elbow brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

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

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.

Game Ready Cryo, 14 day rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation AJSM, 2004, 32 pages 251-256

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

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.

Keflex 500 mg, QTY: 20: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 240, 270. Decision based on Non-MTUS Citation ANN SURG 2008; 247: 918 - 926

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

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.

Phenargan 25 mg, QTY: 30: Upheld

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

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

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.

Percocet 10/325 mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 81, 79-80. Decision based on Non-MTUS Citation Ann Intern Med 2007, 146; 116-127

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

Decision rationale: MTUS guidelines do not recommend narcotics for chronic pain. There is no documentation of functional improvement with previous narcotic usage. Therefore the request for Percocet 10/325 mg, QTY: 60 are not medically necessary and appropriate.

Cortisone injection to lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

Decision rationale: There is no documentation that the patient had a recent adequate trial and failure of physical therapy for low back pain (LBP). Conservative measures have not been exhausted. Criteria for injection not met. Therefore, Cortisone injection to lumbar spine is not medically necessary and appropriate.

12 sessions of physical therapy for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): 49, 83, 87-88, 289,Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 6, pages 113-114

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The medical records do not describe how much previous physical therapy this patient has had for spine problems. It is unclear if the patient can be transitioned to a home exercise program at this time. Therefore, Physical therapy for the lumbar spine x 12 sessions is not medically necessary and appropriate

Norco, QTY: 100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82- 88, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Narcotics for Chronic Pain..

Decision rationale: MTUS guidelines do not recommend narcotics for chronic pain. There is no documentation of functional improvement with previous narcotic usage. Therefore, Norco, QTY: 100 are not medically necessary and appropriate.

Lidoderm patches, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine.

Decision rationale: This medicine if not FDA approved for chronic back pain. There is no documentation of appropriate indications for this medicine. Lidoderm patch is experimental for back pain. Therefore, Lidoderm patches, QTY: 60 are not medically necessary and appropriate.

Cortisone injections to the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Pain.

Decision rationale: Medical records do not indicate an adequate trial and failure of conservative measures for degenerative knee pain. Patient had previous viscosupplementation injections with no sig relief. There are no records of recent adequate physical therapy for knee pain. Criteria for injection not met. Therefore, Cortisone injection to the left knee is not medically necessary and appropriate.

Cortisone injection to the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS knee pain chapter, ODG pain chapter

Decision rationale: Medical records do not indicate an adequate trial and failure of conservative measures for degenerative knee pain. Patient had previous viscosupplementation injections with no sig relief. There are no records of recent adequate PT for knee pain. Criteria for injection not met.