

Case Number:	CM14-0095939		
Date Assigned:	09/15/2014	Date of Injury:	10/15/2010
Decision Date:	10/15/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/24/2014

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 Surgery 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 claimant is a 64-year-old who sustained an injury to the right upper extremity in a work related accident on 10/15/10. The clinical records provided for review included a progress report dated 08/29/14, describing continued right elbow pain with spasm. Objective findings on examination revealed 120 degrees of flexion and extension of 10 degrees. It was documented that the claimant was unable to reach his hair with the right hand due to his flexion. The diagnosis was ulnar nerve neuritis with negative electrodiagnostic studies, and a stiff right elbow following capsular release surgery. There was a request at that time for continuation of a TENS unit, medication management and surgery for right ulnar nerve release with transposition. As stated in the progress report, the claimant's electrodiagnostic studies were negative for compressive pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ulnar nerve release and possible ulnar transposition: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Paage 240.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: elbow procedure

- Surgery for cubital tunnel syndrome (ulnar nerve entrapment) Recommended as indicated below (simple decompression in most cases). Surgical transposition of the ulnar nerve is not recommended unless the ulnar nerve subluxes on ROM of the elbow. Surgery for ulnar neuropathy at the elbow is effective at least two-thirds of the time. The outcomes of s

Decision rationale: Based on California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for right ulnar nerve release with possible transposition cannot be supported. ACOEM Guidelines recommend that prior to surgery for ulnar nerve entrapment, there should be a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with clinical findings. The medical records document that the electrodiagnostic studies are negative and fail to confirm the diagnosis of ulnar neuropathy at the elbow. This would negate the need for any form of depressive procedure including transposition.

Preoperative clearance: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations and Consultations, page 127 The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, t

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Continuous cryotherapy unit X 21 days: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Adjustable elbow brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow Brace

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: elbow procedure Splinting (padding) 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). (Apfel, 2006) (Hong, 1996) Under study for epicondylitis. No definitive conclusions can

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Terocin cream: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support the use of Terocin, the topical cream in question. According to the Chronic Pain Guidelines, topical creams have limited proven clinical efficacy with no true demonstration of long term benefit in the chronic setting. The specific use of this secondary agent for chronic pain related complaints specific to the claimant's elbow would not be indicated.

Lidocaine cream: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines do not support the use of Lidocaine, the topical cream in question. According to the Chronic Pain Guidelines, topical creams are of limited clinical efficacy with no true demonstration of long term benefit in the chronic setting. The specific use of Lidocaine as a secondary agent for chronic pain related complaints specific to the claimant's elbow would not be indicated.

Remeron: 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 Antidepressants Page(s): 15.

Decision rationale: California MTUS Chronic Pain Guidelines do not support the continued use of Remeron. The medical records document that the claimant is diagnosed with triceps tendinosis, stiffness to the elbow and ulnar neuritis. The diagnoses, in and of themselves, would not require treatment with an antidepressive agent. In the absence of documentation of a diagnosis of a depressive disorder, the use of Remeron cannot be recommended as medically necessary.

TENS unit: 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 Transcutaneous electrical nerve stimulation Page(s): 114-115.

Decision rationale: California MTUS Chronic Pain Guidelines do not recommend the purchase of a TENS device. The Chronic Pain Guidelines do not recommend a TENS device as an isolated intervention in the chronic setting. It is also only indicated after a one month trial demonstrating functional efficacy and benefit. Given the isolated request in this case and no documentation of a previous trial to establish its effectiveness, the purchase of a TENS unit would not be supported as medically necessary.