

Case Number:	CM15-0117526		
Date Assigned:	06/25/2015	Date of Injury:	09/23/2013
Decision Date:	08/25/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/17/2015

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: Minnesota, Florida
 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 50 year old female, who sustained an industrial injury on September 23, 2013. The injured worker reported neck and bilateral shoulder and arm pain. The injured worker was diagnosed as having bilateral tennis elbow with radial tunnel syndrome, bilateral cubital and carpal tunnel syndrome, bilateral De Quervain's tenosynovitis and bilateral carpometacarpal joint pain. Treatment to date has included physical therapy and medication. A progress note dated May 20, 2015 provides the injured worker complains of neck, bilateral elbow and thumb pain rated 8/10 and neck and bilateral wrist pain rated 7/10. She reports physical therapy is helping. Physical exam notes cervical tenderness on palpation with guarding. There is tenderness bilaterally on palpation of the shoulders and elbows. There is lateral epicondyle and cubital tunnel tenderness. There is bilateral wrist tenderness with positive Tinel's sign, positive grind maneuver, decreased sensitivity and diminished strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sided lateral epicondylar reconstruction and radial tunnel release: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35, 36, 38.

Decision rationale: According to the primary treating physician's progress report dated May 20, 2015 the injured worker presented for follow-up of work-related injury to her neck and bilateral upper extremities. The subjective complaints included right shoulder pain neck pain, bilateral elbow pain, bilateral wrist pain and bilateral thumb pain. The diagnosis was cervical strain, bilateral shoulder bursitis with acromioclavicular pain, bilateral tennis elbow with radial tunnel syndrome, bilateral cubital tunnel syndrome, bilateral carpal tunnel syndrome, bilateral de Quervain's tenosynovitis and bilateral first carpometacarpal joint pain. The provider recommended left sided lateral epicondylar reconstruction and radial tunnel release. An agreed medical examiner's supplemental report dated February 5, 2015 is noted. The injured worker was complaining of sharp stabbing throbbing neck pain radiating into bilateral upper extremities starting in February or March 2013 with progressive worsening. She was also complaining of moderate to severe pain in both shoulders starting in February or March 2013. In addition she had constant sharp stabbing pain in the left elbow, occasional sharp stabbing right forearm pain and constant moderate to severe sharp stabbing right thumb pain. The diagnosis was muscular tenderness strain of the bilateral upper extremities (shoulder to hands). Recommendations and treatment plan included request for prior medical records, authorization for chiropractic treatment twice a week for 4 weeks, naproxen, and no repetitive use of the upper extremities. Prior EMG and nerve conduction studies dated 2/18/2014 were normal. There was no evidence of carpal tunnel syndrome documented. There was no evidence of radial tunnel syndrome. With regard to the requested surgery, California MTUS guidelines indicate that surgery for radial nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence, positive electrical studies that correlate with the clinical findings and significant loss of function. Failure of conservative treatment including full compliance in therapy and at least 3-6 months of conservative care should precede a decision to operate. With regard to surgery for lateral epicondylalgia the guidelines indicate that conservative care should be maintained for a minimum of 3-6 months. Surgery 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. In this case the documentation submitted does not include evidence of 3-6 months of physical therapy with 3-4 different types of conservative treatment including corticosteroid injections. There is no electrodiagnostic evidence of radial tunnel syndrome documented. As such, the request for surgery for radial tunnel syndrome and lateral epicondylalgia is not supported and the medical necessity of the request has not been substantiated.

Post operative physical therapy; eight (8) session (two times four) for the left elbow: 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.

Pre-operative 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.

Celebrex 200mg #60 one po bid prn with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 68.

Decision rationale: California MTUS chronic pain guidelines indicate that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI effects; however, they have more cardiovascular side effects. Naprosyn is the safest drug. Patients at intermediate risk for gastrointestinal events and no cardiovascular disease may be treated with a nonselective NSAIDs and a proton pump inhibitor or a Cox 2 selective agent. Because of the recommendation to use NSAIDs for the shortest period of time, the utilization review modification of the request to one month's supply is appropriate and medically necessary. Furthermore, the guidelines recommend 100 mg twice a day or 200 mg once a day. The request as stated is for 200 mg 1 po bid prn which exceeds the recommended dosage. The refills for 3 months are not supported by guidelines which recommend use for the shortest duration. As such, the medical necessity of the request has not been substantiated.