MAXIMUS Federal Services

Case Number:	CM15-0122073		
Date Assigned:	07/21/2015	Date of Injury:	07/10/2014
Decision Date:	08/24/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	06/24/2015

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:

Per examination of 6/1/2015 the injured worker is a 64-year-old female who presented for an initial evaluation concerning pain in both shoulders, both elbows and both wrists/hands. A repetitive motion injury of July 10, 2014 is documented. Examination of the elbows revealed positive Tinel's sign at the cubital tunnels bilaterally. Tinel's sign was also positive at the carpal tunnel on the left with a positive Phalen's test. There was tenderness and swelling upon palpation of the lateral epicondyles of the elbows bilaterally. EMG and nerve conduction studies demonstrated median nerve compression bilaterally and ulnar nerve compression at the left elbow. The provider explained that the nerve conduction study is not always positive in cubital tunnel syndrome. The treatment plan was to treat the cervical spine, perform a cubital tunnel release of the right elbow, followed by postoperative physical therapy to include ultrasound, massage and therapeutic exercise 3 times a week for 4 weeks for the right elbow. A right arm sling was to be used postoperatively. Medications dispensed included Celebrex 200 mg #60 and Flexeril 7.5 mg #90 for spasm and Ultram 50 mg #60 for pain. Utilization review certified the right cubital tunnel release, right arm sling, Celebrex and Ultram. Partial physical therapy certification was given for 10 visits for the right elbow. The Flexeril was modified to 20 tablets. Retrospective use of generic Flexeril was also modified to 20 tablets. The IMR is requested for the modified certification of physical therapy and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy with ultrasound, massage and therapeutic exercises, right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18.

Decision rationale: California MTUS postsurgical treatment guidelines indicate 20 visits over 3 months for a cubital tunnel release. The initial course of therapy is one half of these visits which is 10. Then with documentation of continuing functional improvement a subsequent course of therapy consisting of the remaining 10 visits may be prescribed. The request as stated is for postoperative physical therapy with ultrasound, massage and therapeutic exercise to the right elbow but does not specify the duration of the therapy or the number of visits. As such, the medical necessity of the request cannot be determined. Furthermore, the guidelines do not recommend ultrasound or friction massage for cubital tunnel syndrome. As such, the medical necessity of the request has not been substantiated. The request is not medically necessary.

Flexeril 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cycobenzaprine Page(s): 64.

Decision rationale: With regard to the request for Flexeril 7.5 mg #90 California MTUS chronic pain guidelines indicate that cyclobenzaprine is recommended for a short course of therapy. It is is skeletal muscle relaxant and central nervous system depressant. The greatest effect appears to be in the first 4 days of treatment. The medication is not recommended to be used for longer than 2-3 weeks. The request as stated is for 7.5 mg #90 which is not supported by guidelines and as such, the medical necessity of the request has not been substantiated. The request is not medically necessary.

Retro Flexeril 7.5mg #90, DOS: 6/1/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Cyclobenzaprine Page(s): 64.

Decision rationale: With regard to the retro request for Flexeril 7.5 mg #90 California MTUS chronic pain guidelines indicate that cyclobenzaprine is recommended for a short course of

therapy. It is is skeletal muscle relaxant and central nervous system depressant. The greatest effect appears to be in the first 4 days of treatment. The medication is not recommended to be used for longer than 2-3 weeks. The request as stated is for 7.5 mg #90 date of service 6/1/2015 which is not supported by guidelines and as such, the medical necessity of the request has not been substantiated. The request is not medically necessary.