

Case Number:	CM15-0038092		
Date Assigned:	03/06/2015	Date of Injury:	02/24/2009
Decision Date:	05/11/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/28/2015

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: California

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 53-year-old female who reported an injury on 02/24/2010. The mechanism of injury was not specifically stated. The current diagnoses include status post right carpal tunnel release on 07/16/2013, cervical spine sprain/strain with right upper extremity radiculopathy, right elbow medial and lateral epicondylitis, and status post shoulder surgery in 12/2010. The injured worker presented on 02/13/2015 for a follow-up evaluation. Upon examination of the right elbow, there was tenderness at the medial and lateral epicondyle with a positive Tinel's sign. Examination of the cervical spine revealed tenderness to palpation over the paraspinal muscles on the right, trapezius muscle spasm and limited range of motion. Examination of the right wrist also revealed limited range of motion with a well healed scar over the carpal tunnel area. The provider recommended a repeat bilateral upper extremity electrodiagnostic study, an ultrasound guided cortisone injection for De Quervain's tenosynovitis, and a surgical consultation for the right elbow. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 2; 15.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or in agreement to a treatment plan. In this case, it was noted that the provider requested a surgical consultation for the right elbow. However, there was no mention of an exhaustion of conservative management. There were no official imaging studies provided for review. There is no indication that a surgical intervention would be more beneficial for this injured worker's treatment as opposed to conservative management. The medical necessity has not been established in this case. Therefore, the request is not medically appropriate.

Right Carpometacarpal injection under ultrasound guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation James D. McDermott, Clinical Orthopaedic Related Research, 2012; page 470.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

Decision rationale: California MTUS/ACOEM Practice Guidelines state most invasive techniques such as needle acupuncture and injection procedures have insufficient high quality evidence to support their use. The exception is a corticosteroid injection for carpal tunnel syndrome resistant to conservative therapy for 8 to 12 weeks. De Quervain's tendinitis, if not severe, may be treated with a wrist and thumb splint and acetaminophen, then NSAIDS, if tolerated for 4 weeks before a corticosteroid injection is considered. In this case, there was a lack of documentation indicating an attempt at conservative management prior to the request for an ultrasound guided injection. Given the above, the request is not medically necessary at this time.

Fexmid 7.5mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fexmid; Side Effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. The injured worker has

continuously utilized the above medication for an unknown duration. There is no documentation of objective functional improvement. Guidelines do not support long term use of this medication. In addition, the request as submitted failed to indicate a frequency. As such, the request is not medically necessary at this time.

Sonata 10mg quantity 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic): Zaleplon (Sonata).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia Treatment.

Decision rationale: The Official Disability Guidelines recommend insomnia treatment based on etiology. Sonata reduces sleep latency. The injured worker does not maintain a diagnosis of insomnia disorder. Guidelines do not support long term use of hypnotic medication. There is no frequency listed in the request. Given the above, the request is not medically necessary at this time.