

Case Number:	CM15-0079512		
Date Assigned:	04/30/2015	Date of Injury:	11/15/2013
Decision Date:	07/07/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/24/2015

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:

The injured worker is a 60-year-old female, who sustained an industrial injury on 11/15/2013. The initial complaints or symptoms included right hand and elbow pain/injury. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, electrodiagnostic testing, conservative therapies, and injections. Currently, the injured worker complains of worsening right elbow pain and right hand pain with a pain rating of 5/10. The diagnoses include right carpal tunnel syndrome, right lateral epicondylitis, and right elbow osteoarthritis. The plan of treatment includes a right lateral epicondyle release (certified). The request for authorization included the following denied services: post-operative cold compression therapy (21 days), and post-operative Percocet, Keflex, Ambien and Zofran.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative cold compression therapy 21 days: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Elbow, Topic: Cold packs. Section: Shoulder, Topic: Cold Compression.

Decision rationale: ODG guidelines recommend cold packs for the elbow. It reduces pain, swelling, and inflammation and need for narcotics after surgery. However, continuous flow cryotherapy is only recommended for the shoulder and knee. Use beyond 7 days is not recommended. Cold compression is not recommended for the shoulder. The request as stated is for 21 days of cold compression for the elbow, which is not supported, and the medical necessity is not established.

Postoperative Percocet 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92 & 97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/Acetaminophen Page(s): 92.

Decision rationale: California MTUS chronic pain guidelines indicate the initial dosage of Percocet based on oxycodone content is 2.5-5 mg by mouth every 4-6 hours when necessary. The documentation does not indicate that the injured worker is currently taking oxycodone. Furthermore, the request for 90 tablets is excessive and not consistent with guidelines. As such, the medical necessity of the request has not been substantiated.

Postoperative Keflex 500mg #12: 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 Academy of Orthopedic Surgeons information statement.

Decision rationale: American Academy of Orthopedic Surgeons Information Statement with regard to recommendations for the use of intravenous antibiotic prophylaxis indicates that prophylactic antibiotics may be used for total joint arthroplasty consistent with current recommendations. The antibiotics should be administered within 1 hour prior to surgical incision and discontinued within 24 hours following the end of surgery. For routine clean orthopedic procedures that do not involve implants antibiotic prophylaxis is not recommended. The request as stated is for Keflex 500 mg #12 for postoperative use, which is not supported by guidelines and may potentially result in bacterial resistance. As such, the request for Keflex 500 mg #12 is not supported and the medical necessity of the request has not been substantiated.

Postoperative Ambien 10mg #30: 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 ODG: Section: Pain, Topic: Zolpidem (ambien).

Decision rationale: Zolpidem (ambien) is a prescription short acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. The documentation provided does not indicate that the injured worker is likely to have insomnia after surgery. Furthermore, use beyond 10 days is not recommended. As such, the request for zolpidem 10mg # 30 is not supported and the medical necessity of the request has not been substantiated.

Postoperative Zofran 4mg #30: 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 ODG: Section: Pain, Topic: Ondansetron (Zofran).

Decision rationale: ODG guidelines indicate Ondansetron (Zofran) is an antiemetic which is FDA approved for postoperative nausea and vomiting. The documentation provided does not indicate that prolonged postoperative nausea and vomiting is expected after the elbow surgery. As such, the request for Zofran 4mg # 30 is not supported and the medical necessity has not been established.