

Case Number:	CM15-0094827		
Date Assigned:	05/20/2015	Date of Injury:	05/11/2007
Decision Date:	06/25/2015	UR Denial Date:	04/11/2015
Priority:	Standard	Application Received:	05/15/2015

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: Illinois, California, Texas
 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 40-year-old male who sustained an industrial injury on 5/11/07. Injury occurred when a drill he was using became tangled and twisted his right hand, fingers and upper extremity. He underwent two shoulder surgeries including right shoulder arthroscopy with anterior capsule reconstruction, SLAP repair, and subacromial bursectomy on 5/18/09, and right shoulder arthroscopy with synovectomy, joint and labral decompression, subacromial decompression and Mumford procedure on 10/21/10. The subsequent right shoulder MR arthrogram documented an almost full thickness supraspinatus tear, infraspinatus tear, and persisting anterior inferior labral tear. Relative to the right hand, he underwent right ring finger excision of osteophyte and tenolysis on 3/31/09, and right ulnar shortening osteotomy and carpal tunnel release on 7/3/12. He was diagnosed with delayed/non-union after the ulnar osteotomy and underwent right hand revision surgery with hardware replacement, ulnar neurolysis of the forearm, and pronator quadratus rotational muscle flap for hardware coverage 9/25/12. Records documented that the injured worker suffered an acute ulnar injury following surgery supported by positive electro diagnostic findings. There was also evidence that the patient had been diagnosed with complex regional pain syndrome of the right upper extremity. The 12/26/14 EMG/NCV study documented entrapment neuropathy of the median nerve at the right wrist and ulnar nerve at the right elbow. The 3/31/15 treating physician report cited severe right hand and wrist pain, and right hand numbness. There was global right upper extremity pain, worse in the forearm, wrist, and hand. He had very little functionality in the hand and was unable to open the fingers due to weakness and pain. He was using tramadol and Dilaudid for pain with reduction in pain grades from 8/10 to 4/10, but no change in hand function. He had difficulty sleeping due to severe hand pain. He was using Triazolam for sleep with good benefit. Lidoderm patches over

the right hand/wrist were helpful. He was under psychological care for depression and taking Cymbalta with benefit. Right shoulder exam documented marked loss of range of motion in flexion and abduction, positive supraspinatus stress test, positive Neer's test, and tenderness to palpation over the anterior and anterolateral shoulder and upper trapezius with spasms. Right hand/wrist exam documented no range of motion since the ulnar osteotomy. There was atrophy of the right hand intrinsics, thenar and hypothenar regions. There was a flexion contracture deformity in digits 3-5. The treating physician report reported that he was unable to extend these digits and was met with resistance and pain. There was hypesthesia of all digits of the right hand, increased over the fourth and fifth. There was hypesthesia over the ulnar aspect of the mid to distal forearm volarly. The treatment plan recommended external neurolysis of the right ulnar nerve and possible sural nerve grafting and removal of hardware, right shoulder corticosteroid injection, and continued medications, including Triazolam 25 mg for sleep. The 4/11/15 utilization review non-certified the request for external neurolysis of the right ulnar nerve and possible sural nerve grafting and removal of hardware as there was no electro diagnostic evidence of ulnar neuropathy at the wrist, no detailed documentation relative to possible ulnar nerve injury in the pre-operative or post-operative setting, and no clear indication for hardware removal. Additionally, there was no evidence of a recent conservative treatment trial and failure. The request for one right shoulder steroid injection was non-certified based on an absence of guideline support as there was no evidence of recent conservative treatment failure. The request for Triazolam 0.25 mg (quantity unspecified) was modified to Triazolam 0.25 mg #26 to allow for weaning of this medication based on an absence of guideline support for long-term use. He had used Triazolam since at least August 2014. The 4/28/15 treating physician appeal report documented that the injured worker had sustained an acute ulnar nerve injury diagnosed within two months of the ulnar osteotomy by electro diagnostic study. He had undergone extensive post-surgical rehabilitation but no degree of therapy would help the claw hand. The treating physician disagreed with the taper of Triazolam as the injured worker's insomnia would not resolve until the severe right upper extremity pain was addressed with definitive surgical management.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right shoulder steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Steroid injections.

Decision rationale: The California MTUS recommended two or three subacromial cortisone injections over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears. The Official Disability Guidelines recommend steroid injections for the shoulder when indications are met. Indicated diagnoses include adhesive capsulitis, impingement syndrome, or rotator cuff problems. Criteria include pain not adequately controlled by conservative treatments, pain interferes with functional activities, intended for short term control of symptoms to resume conservative medical

management. Guideline criteria have not been met. The patient has right shoulder pain with significant loss of range of motion and positive impingement findings. However, there is no documentation of any recent focused conservative treatment to the shoulder or that the injections are a planned part of a guideline-recommended functional restoration program. No additional information was submitted to support this request. Therefore, this request is not medically necessary at this time.

Triazolam 0.25mg (Unspecified qty): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California MTUS do not recommend the use of benzodiazepines, like Triazolam, for long-term use. Most guidelines limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. The continued use of this medication is not supported by guidelines. Records indicate that this medication has been prescribed since at least August 2014. This medication is being used to treat insomnia due to severe pain. There is no evidence that other guideline supported insomnia treatment has been tried and has failed. The 4/11/15 utilization review partially certified this request to Triazolam 0.25 mg #26 for the purposes of weaning. There is no compelling rationale presented to support continued use in the absence of guideline support. Therefore, this request is not medically necessary.

1 External neurolysis of the right ulnar nerve and possible sural nerve grafting and removal of hardware: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270; 36-37. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hardware implant removal (fracture fixation).

Decision rationale: The California MTUS guidelines state that surgical consideration may be indicated for patients who fail to respond to conservative management, and have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. The California MTUS guidelines state that surgery for ulnar nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with clinical findings. A decision to operate requires significant loss of function, as reflected in significant activity limitations due to the nerve entrapment. Conservative treatment is not required in the presence of severe neuropathy such as muscle wasting. The Official Disability Guidelines do not recommend the routine removal of hardware implanted for fracture fixation, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion.

Guideline criteria have been met. This patient presents with severe right hand, wrist and forearm pain with loss of right hand function. Clinical exam findings were consistent with electro diagnostic testing and history of ulnar neuropathy. Evidence of reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.