

Case Number:	CM15-0099260		
Date Assigned:	06/01/2015	Date of Injury:	06/11/2013
Decision Date:	07/03/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/22/2015

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: Physical Medicine & Rehabilitation

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 59 year old male patient who sustained an industrial injury on 06/11/2013. The patient underwent surgical intervention on 01/21/2014 having a neuroplasty decompression ulnar nerve release. A primary treating office visit dated 02/19/2014 reported the patient with subjective complaint of experiencing post-operative pain. He is now a little over three week's post-operative cubital tunnel release. He is starting to have numbness and tingling in the thumb, index finger and middle fingers. There is also mention of a burning sensation along his forearm and posterior at the elbow. Objective findings showed the wound nicely healed. There is a slightly positive Tinel's sign over the transverse carpal ligament. He has full range of motion with full extension and flexion of 140 degrees. The assessment found the patient being status post cubital tunnel release surgery, now with symptoms consistent with mild to moderate carpal tunnel syndrome. A Cortisone injection was administered this visit. At a follow up visit dated 04/02/2014 the patient had subjective complaint of being with persistent burning pain and sensation that his nerve is moving with range of motion of flexion and extension of the left elbow. He is current not taking any medications. Objective findings showed the left elbow showing the ulnar nerve subluxing during active range of motion. There is sensitively over the cubital tunnel and he is with a positive Tinel's sign. The plan of care noted the patient administered a Cortisone injection to see if the nerve will calm down versus consideration of performing a transposition of the ulnar nerve by considering submuscular transposition. He is prescribed modified work duty. A primary treating office visit dated 02/04/2015 reported subjective complaint of having chronic left upper extremity elbow to hand

pain that is unchanged. The patient continues to struggle with reduced functionality and difficulty performing activities of daily living. He stated the trial of Lidoderm patches offered no benefit. He has been having difficulty refilling prescriptions secondary to the cancellation of insurance. He stated not being able to have trialed Cymbalta. The patient reports the pain worsening after the surgery. He has tried Lyrica but had to stop due to side effects. Current medications are: Benazepril, Cymbalta, pravastatin, Trelstar, and Ultracin. The doctor is also with recommendation for Thermacare heat wraps, and physical therapy session.

IMR ISSUES, DECISIONS AND RATIONALES

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

One day interdisciplinary pain management evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs); Chronic pain programs (functional restoration programs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: Based on the 4/29/15 progress report provided by the treating physician, this patient presents with unchanged left arm pain. The treater has asked for ONE DAY INTERDISCIPLINARY PAIN MANAGEMENT EVALUATION on 4/29/15. The patient's diagnoses per request for authorization form dated 5/8/15 are depressive disorder, reflex sympathetic dystrophy of upper extremity, and ulnar nerve lesion. The patient's prior surgeries include bone fusion in big toe, prostatectomy, nerve release, and right knee surgery per 4/3/15 report. The patient's current medications are benazepril, cymbalta, gabapentin, medrol pak, pravastatin, trelstar, ultracin, and wellbutrin per 4/3/15 report. The patient has been doing physical therapy the last month, with a home exercise program 2-3 times a day per 4/29/15 report. The patient still has persistent pain and has difficulty sleeping per 4/29/15 report. The patient reports confusion as a side effect of his medication regimen per 4/29/15 report. The patient has headaches radiating from the back of his head to the top of his head, along with burning pain throughout his left arm/hand per 4/3/15 report. The patient has not had a prior pain management evaluation per review of reports dated 12/9/13 to 4/29/15. The patient is currently not working per 4/3/15 report. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflicts of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification." In regard to this pain management consultation, the request appears reasonable. Review of the reports do not show any evidence of pain management evaluations having been done in the past. However, ACOEM practice guidelines indicate that it may be appropriate for a physician to seek outside consultation when the course of care could benefit from a specialist. In this case, the patient suffers from continuing left upper extremity pain which is poorly controlled by conservative measures such as

physical therapy and medications. The requesting physician is justified in seeking a second opinion and such a consultation/re-evaluation could produce benefits for this patient. Therefore, the request IS medically necessary.