Independent Medical Review Final Determination Letter

Dated: 12/17/2013

Employee:	
Claim Number:	
Date of UR Decision:	7/19/2013
Date of Injury:	7/11/2008
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0007324

DEAR ,

MAXIMUS Federal Services has completed the Independent Medical Review ("IMR") of the above workers' compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers' Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers' Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations,
dso

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in the states of Oklahoma and Texas. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

[redacted]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a female who sustained a work related injury on July 11, 2008. Physical examination of the elbows revealed tenderness with flexion and extension, tenderness over the medial and lateral epicondyles with left side greater than right, and positive Tinel's test bilaterally over the cubital tunnel. Bilateral elbow and wrists range of motion was restricted in all planes. The patient has also had positive Bent elbows, Cozen's, and Reverse Cozen's tests. Additionally, the patient was noted to have a positive Phalen's test with numbess and tingling sensation to all of her digits. The provider indicated that the clinical presentation of numbness and tingling sensation that is provoked nocturnally is presumptive of ulnar neuropathy at the elbows. The patient was prescribed a topical medication because of its potential advantages over oral route of medication management since the patient was still working and needed to have access to appropriate and effective pain relief.

IMR DECISION(S) AND RATIONALE(S)

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

1. The request for an ultrasound of the elbow is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines, Elbow, Therapeutic Ultrasound, which is not a part of the MTUS.

The Physician Reviewer based his/her decision on the ACOEM Practice Guidelines, 2nd Edition (Revised 2007), Chapter 10, Elbow Disorders Chapter, pages 17-21 and 42-43, which are a part of the MTUS as well as the Official Disability Guidelines, Elbow Chapter, which is not a part of the MTUS.

The Physician Reviewer's decision rationale: CA MTUS/ACOEM guidelines for suspected cubital tunnel syndrome indicate use of nerve conduction study above versus below the elbow conduction assessment, as well as inching technique may be helpful in documenting a focal decrement in a specific ulnar nerve location. The MTUS guidelines also state for patients with limitations of activity after four weeks and unexplained physical findings such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and revise the treatment strategy if appropriate. Imaging findings should be correlated with physical findings. Furthermore, the Official Disability Guidelines recommend use of diagnostic ultrasound in the absence of non-diagnostic plain films. The clinical information submitted for review does not indicate that this employee has had either an electrodiagnostic study or plain radiographs performed. The clinical information does not indicate an adequate trial of conservative care has been provided. Therefore, based on the lack of documentation provided to support the use of diagnostic ultrasound medical necessity cannot be established. **The request for the ultrasound of the elbows is not medically necessary and appropriate.**

2. The request for Dendracin topical lotion 120 mL is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Guidelines, Topical Analgesic Compounds, which is a part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 111-113, which are a part of the MTUS.

The Physician Reviewer's decision rationale: CA MTUS guidelines indicate that the use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The clinical information provided for review lacks documentation supporting the use and ineffectiveness of antidepressants and anticonvulsants prior to the prescription of topical analgesics. Furthermore, there are no subjective or objective findings documented as to the medication's effectiveness in reference to pain relief. As such, the medical necessity for Dendracin topical formulation cannot be established. **The request for Dendracin topical lotion is not medically necessary and appropriate.**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.