

Case Number:	CM13-0013750		
Date Assigned:	10/01/2013	Date of Injury:	07/01/1996
Decision Date:	01/15/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/19/2013

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 Internal Medicine and Pulmonary Diseases and is licensed to practice in California. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 55-year-old female who reported an injury on 07/01/1996. The patient was evaluated by [REDACTED] on 01/22/2013. The patient complains of neck and shoulder pain with numbness to bilateral hands. The patient has been previously diagnosed with thoracic outlet syndrome, and has undergone surgery to the elbow and thumb. The patient has received minimal relief with Naproxen and Tramadol, and continues to work 8 hours per day. Physical examination revealed limited and painful shoulder elevation with tenderness over the levator, rhomboid and C7 entheses as well as left elbow lateral epicondyle and metacarpalphalangeal (MCP) joints on the right thumb. The patient demonstrated a positive External rotation, abduction stress test (EAST), Tinel's over ulnar nerve and axilla bilaterally. The patient is diagnosed with shoulder enthesopathy and tendinopathy, component of thoracic outlet syndrome, thumb arthritis, elbow tendinopathy, and possible ulnar neuropathy. Treatment recommendations included an ultrasound of the ulnar nerve and a test injection of the neck and shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

One ultrasound of the ulnar nerve.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ultrasound of ulnar nerve

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): s 258-262, 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand Chapter, ultrasound, diagnostic

Decision rationale: California MTUS/ACOEM Practice Guidelines state if there are no red flags present to indicate serious conditions, the clinician can then determine which common musculoskeletal disorder is present. For most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. Official Disability Guidelines state Ultrasonography is a dynamic process and is accurate in detecting tendon injuries. As per the clinical notes submitted, the patient's physical examination only revealed positive Tinel's over the ulnar nerve and axilla bilaterally. The intention of the requested ultrasound was not clarified. In addition, the medical rationale for the requested procedure was not provided. Based on the clinical information received, the request is non-certified.

Test injection of neck and shoulder.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 173; 201-205.

Decision rationale: The exact location, type of injection requested, and intention of injection is not clarified. As per the clinical notes submitted, the patient's physical examination only revealed limited and painful shoulder elevation with tenderness to palpation. Additional clinical information is necessary to determine the appropriateness of the requested service. Therefore, the request is non-certified.