MAXIMUS Federal Services

Case Number:	CM13-0015505		
Date Assigned:	06/04/2014	Date of Injury:	06/04/2010
Decision Date:	07/24/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/23/2013

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in Arizona. 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/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:

This is a 33-year-old female who developed problems with her neck, her right shoulder, right elbow and right wrist. Her designated date of injury was on 6/4/2010. It is thought that she endured cumulative trauma with her repetitive movements over an extended period of time. In February of 2013, she did have an anterior decompression of the right shoulder and subsequently had 18 post-surgical physical therapy sessions. She developed such severe pain from her therapy that she had a repeat MRI. No impingement was noted. Her shoulder pain persists. She additionally has ongoing pain in the neck. An MRI in November 2010 showed her to have a right C4-5 disc herniation and an electromyography (EMG) on 3/2011 revealed a right C5 radiculitis. At the time of her evaluations with a Qualified Medical Examiner in July 2013, she stated that she wanted to have a neck surgery. She did have three Epidural Steroid Injections which were generally helpful. She also has both elbow and wrist pain. Apparently as far back as 2004 there were concerns of a possible ulnar neuropathy stemming from the elbow, but causing pain in her wrist. An EMG performed then was reportedly normal. Her current symptoms are numbness and tingling of her 4th and fifth digits with pain at the elbow and wrist. No weakness has been noted. The March 24, 2011 EMG that was mentioned above reportedly showed denervations consistent with both cervical radiculopathy and ulnar entrapment. An MRI from March 2011 showed minimal increased signal of the ulnar nerve at the level of the cubital tunnel. In May 2013 the patient was evaluated by an Orthopedic Hand Surgeon for her shoulder, but seemingly not for her elbow or wrist. In August 2013, the Managing Physician (specialty not documented) ordered a wrist MRI and a right ulnar nerve block.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULNAR NERVE BLOCK RIGHT WRIST: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Ulnar Neuropathy at the Elbow and Wrist, Timothy J. Doherty.

Decision rationale: It is unclear why the ulnar nerve block at the wrist was ordered, because the rationale was not documented within the medical records provided for review. An Ulnar block at the wrists is usually done to help anesthetize the hand for surgery. Blocks however, can be efficacious in relieving acute symptoms and can be an adjunct to diagnosis. It is unclear if the purpose of this order is to provide temporary relief of the elbow and wrist or if it is an effort to sort out the main source of the patient's pain. There was no discussion as to whether the March 2011 EMG clarified if this patient's impingement was at the elbow or elsewhere. More than three years later, another EMG would provide more diagnostic value than an ulnar block. UpToDate has good information on the wrist, elbow and pathology related to the ulnar nerve. Nowhere was an ulnar block mentioned as a tool for diagnosis or as a means to provide relief. It is for these reasons that this request for authorization of the ulnar block at the wrist is deemed not medically necessary.