

<b>Case Number:</b>	CM13-0063896		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/18/2012
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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 Occupational Medicine 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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for carpal tunnel syndrome, tenosynovitis of the radial styloid, and elbow epicondylitis reportedly associated with cumulative trauma at work between the dates of October 18, 2011 through October 18, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from previous providers in various specialties; unspecified amounts of physical therapy; and extensive periods of time off of work. In a Utilization Review Report of November 20, 2013, the claims administrator denied a request for an ultrasound-guided injection for carpal tunnel syndrome, de Quervain's tenosynovitis, and elbow epicondylitis. The claims administrator seemingly denied the request on the grounds that the applicant had not exhausted conservative treatment with splinting and observation before injection therapy was considered. Non-MTUS ODG Guidelines were also cited to support the denial. A July 5, 2013 handwritten progress note is notable for comments that the applicant is not working. On January 17, 2013, the applicant was asked to consider a right carpal tunnel release surgery. It does not appear that the applicant moved forward with that request, however. The electrodiagnostic testing of November 20, 2012, notated for a moderate right-sided median neuropathy and a mild left-sided median neuropathy. In a handwritten note of November 27, 2013, the attending provider seeks authorization for ultrasound-guided corticosteroid injections for the right wrist de Quervain's tenosynovitis and carpal tunnel syndrome as well as elbow lateral epicondylitis. The applicant is described as not working on this occasion but does have persistent pain complaints, a positive Finkelstein maneuver at the wrist, and positive Tinel's and Phalen's signs at the wrist with tenderness about the elbow epicondyle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ULTRASOUND GUIDED INJECTION FOR (R) CTS, (R) DEQ AND (R) ELBOW BETWEEN 11/20/13 AND 2/18/14: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 25; 264-5;. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, CARPAL TUNNEL SYNDROME (ACUTE & CHRONIC) AND OFFICIAL DISABILITY GUIDELINES, ELBOW (ACUTE & CHRONIC) AND OFFICIAL DISABILITY GUIDELINES, FOREARM, WRIST, & HAND (ACUTE & CHRONIC)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): TABLE 5, PAGE 46; TABLE 11-7, PAGE 272. Decision based on Non-MTUS Citation ACSM'S SPORTS MEDICINE: A COMPREHENSIVE REVIEW, EDITED BY FRANCIS O'CONNOR, 2013, CHAPTER 19, MUSCULOSKELETAL ULTRASOUND, PAGE 125.

**Decision rationale:** Yes, the proposed ultrasound-guided injection for the right carpal tunnel syndrome issue, right de Quervain's tenosynovitis issue, and right elbow lateral epicondylitis issue is medically necessary, medically appropriate, and indicated here. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-7, page 272, both injection of corticosteroids into the carpal tunnel in case of the carpal tunnel syndrome after trial of splinting and medications and an initial injection into the tendon sheath for clearly diagnosed cases of de Quervain's syndrome are "recommended." Similarly, the MTUS Guideline singular in the 2007 ACOEM Elbow Chapter, Table 5, page 46, states that local corticosteroid injections for lateral epicondylitis are "recommended." In this case, the applicant has tried and failed conservative treatments with time, medications, physical therapy, work restrictions, acupuncture, etc., for several months and several years. The applicant remains off of work. The applicant has shown no improvement to date with the previous conservative treatments. Injection therapy is therefore indicated, appropriate, and supported by ACOEM for the purported diagnoses of carpal tunnel syndrome, de Quervain's tenosynovitis and lateral epicondylitis. The MTUS does not address the topic of ultrasound-guided injections. However, as noted by the American College of Sports Medicine (ACSM), Chapter 19, page 125: "ultrasound improves clinical efficiency." ACSM further states on Chapter 19, page 125, that "medial and lateral tendinopathies and partial tears can be assessed and accurately injected with ultrasound," further notes on page 125 that the "median nerve is easily visualized," and finally states that both "de Quervain's tenosynovitis and intersection syndrome are readily assessed and accurately injected with ultrasound guidance." Thus, ACOEM supports the proposed injection for the diagnoses of carpal tunnel syndrome, de Quervain's tenosynovitis, lateral epicondylitis that are reportedly present here. ACSM supports the ultrasound guidance component of the request. The applicant's issues have clearly proven recalcitrant of other treatments including time, medications, bracing, physical therapy, acupuncture, etc. Steroid injections with ultrasound guidance are indicated, for all the stated reasons. Therefore, the original Utilization Review decision is overturned. The request is certified, on Independent Medical Review.