

Case Number:	CM14-0015006		
Date Assigned:	02/26/2014	Date of Injury:	08/13/2013
Decision Date:	06/27/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/04/2014

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 Neurological Surgery 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 medical records presented for review reflect that this 33-year-old individual sustained an injury on 8/13/2013. The mechanism of injury was not listed. At the most recent office visit dated 2/3/2014; they experienced numbness and tingling in the little and ring finger, pain over the ulnar aspect of the base of the metacarpophalangeal (MCP) with associated weakness. Physical examination of the right upper extremity demonstrates full range of motion of the elbow; tenderness over the medial aspect of the right elbow; positive Tinel's and positive elbow flushing test with radiation of numbness and tingling into the little and ring finger. Grip strength on right: 12, 12, 12; left 34, 30, 30. An electromyography (EMG)/NCV (nerve conduction velocity) dated 12/19/2013 showed no electrodiagnostic evidence of older neuropathy. The diagnosis include cubital tunnel syndrome on the right. A request has been made for a cortisone injection to the Cubital Canal of the right elbow under ultrasound guidance. The non-certification dated 1/22/2014 appears to be based on lack of documentation of conservative treatment and electrodiagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) CORTISONE INJECTION TO THE CUBITAL CANAL OF THE RIGHT ELBOW UNDER ULTRASOUND GUIDANCE (BETWEEN 1/17/14 AND 3/3/14): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): Table 4 and 5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter (acute & chronic).

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

Decision rationale: The ACOEM offers no recommendation for or against the use of injections for the treatment of ulnar neuropathy at the elbow; however, the guidelines state there is no indication for injecting steroids into the cubital tunnel as there is no other structure than the ulnar nerve in the tunnel and a steroid injection into the nerve can cause damage. Cubital tunnel syndrome has positive findings on clinical examination and the diagnosis should be supported by a positive nerve-conduction study prior to any invasive procedures or injections are considered. There is no documentation of conservative treatment, physical therapy or elbow padding. In addition, the electromyography (EMG)/NCV (nerve conduction velocity) study was negative for an ulnar neuropathy. As such, the requested procedure is not considered medically necessary.