

Case Number:	CM14-0118483		
Date Assigned:	09/16/2014	Date of Injury:	02/29/2012
Decision Date:	10/24/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/28/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of February 29, 2012. A utilization review determination dated June 27, 2014 recommends noncertification for a diagnostic block to the left posterior interosseous nerve X3. The request was modified to recommend certification for one diagnostic block only. The report indicates that the patient has undergone physical therapy, wrist brace, and medication. The patient has also had numerous surgeries for these complaints. A supplemental report dated June 6, 2014 indicates that the patient will undergo a steroid injection to the left 1st dorsal compartment. The patient notes that there is an area of hypersensitivity that is approximately 2 to 2.5 cm in diameter on the distal most aspect of the scar of the left medial proximal forearm. The note goes on to indicate that if the steroid injection does not work, then the patient will need a denervation procedure to remove the posterior branches of the medial and to lateral cutaneous nerve. The pain is about 5 to 6 cm distal to the left lateral elbow on the dorsal central radial aspect of the forearm overlying the pathway of the posterior interosseous nerve. The note states that several diagnostic blocks will be required.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection: Diagnostic block (Lidocaine only) to the left posterior interosseous nerve times 3:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 19. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.orthobullets.com/hand/6023/pin-compression-syndrome>

Decision rationale: Regarding the request for posterior interosseous diagnostic blocks x3, ACOEM states that Electrodiagnostic studies can be helpful in confirming this diagnosis. They also recommend the use of wrist splints. Orthopedic resources state the diagnosis is primarily made by subjective complaints and objective examination findings including provocative tests. MRI and EMG may be helpful in confirming the diagnosis. Treatment includes rest, activity modification, stretching, splinting, NSAIDs, and a single lidocaine/corticosteroid injection. Surgical decompression may also be indicated. Within the documentation available for review, there is no indication that the requesting physician has performed an adequate physical examination including provocative tests, in an attempt to identify whether posterior interosseous nerve impingement may be the correct diagnosis. Additionally, it does not appear that a series of 3 diagnostic injections are the preferred method for confirming this diagnosis, and the requesting physician has not included medical literature supporting this technique. A single injection may be used for both diagnostic and therapeutic reasons, but a series of injections is not generally recommended. As such, the currently requested posterior interosseous nerve injection X3 is not medically necessary.