

<b>Case Number:</b>	CM14-0158681		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	01/14/2011
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 Orthopedic 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:

This claimant is a 54-year old female who injured her right upper extremity while lifting at work on 01/14/2011. The clinical records provided for review included the 07/24/2014 progress report describing continued right arm pain and that the claimant utilizing a wrist splint. Physical examination revealed tenderness of the wrist on palpation and full range of motion but no documentation of formal exam findings at the elbow. The diagnosis was cubital and carpal tunnel syndrome. The records for review did not include any electrodiagnostic studies. It was documented that the claimant was status post prior carpal tunnel release but it is unclear as to when the process took place. The recommendation was made for injections of the median nerve at the carpal tunnel and ulnar nerve at the cubital fossa.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medial Nerve Injection over The Right Carpal Tunnel:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

**Decision rationale:** The request for medial nerve Injection over the carpal tunnel is not recommended as medically necessary. The California ACOEM Guidelines in regards to injection therapy indicate that only in rare instances of well-established diagnosis would injection of the carpal tunnel be indicated. The medical records document that the claimant is status post a prior carpal tunnel release with no postoperative electrodiagnostic evidence of recurrent compressive pathology. Without firm establishment the diagnosis, the request for an injection to the claimant's median nerve would not be supported at this time.

**Ulnar Nerve Injection in the Cubital Fossa:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

**Decision rationale:** California ACOEM Guidelines also would not support an Ulnar Nerve Injection at the Elbow. The medical records do not document any clinical history or physical examination findings indicative of ulnar nerve compression. There are no formal clinical findings to the elbow documented on recent examination. Without establishing a diagnosis of cubital tunnel syndrome or other elbow diagnosis that would support the role of injection, the request for an Ulnar Nerve Injection at the cubital fossa would not be supported.