

Case Number:	CM14-0175034		
Date Assigned:	10/28/2014	Date of Injury:	05/12/2014
Decision Date:	12/08/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/23/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 30 year old female with date of injury 5/12/2014. The mechanism of injury is stated as repetitive use. The patient has complained of bilateral hand pain and tingling since the date of injury. She has been treated with physical therapy, acupuncture, elbow braces and medications. Plain radiographs of the bilateral elbows and wrists performed in 05/2014 were unrevealing. Objective: positive Tinel's of the ulnar nerve bilateral elbows, left greater than right; positive elbow flexion test on the right; tenderness to palpation of the lateral epicondyle bilaterally. Diagnoses: repetitive strain injury, lateral epicondylitis bilaterally, bilateral wrist pain. Treatment plan and request: left cubital tunnel injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Cubital Tunnel Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 589.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 567-568.

Decision rationale: This 30 year old female has complained of bilateral hand pain and tingling since date of injury 5/12/2014. She has been treated with physical therapy, acupuncture, elbow

braces and medications. The current request is for a left cubital tunnel injection. Per the MTUS guidelines cited above, cubital tunnel injection is not recommended in the treatment of elbow pain or ulnar nerve entrapment. On the basis of the MTUS guidelines, cubital tunnel injection is not indicated as medically necessary.