

Case Number:	CM14-0178090		
Date Assigned:	10/31/2014	Date of Injury:	08/29/2013
Decision Date:	12/12/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/27/2014

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 Emergency Medicine and is licensed to practice in New York. 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 40-year-old male who was injured on August 29, 2013. The patient continued to experience pain in his right hand and right lateral elbow. Physical examination was notable for tenderness over the right lateral elbow, positive Tinel's sign, and positive Phalen's sign. Diagnoses included right carpal tunnel syndrome, right cubital tunnel syndrome, and right lateral epicondylitis. Treatment included medications, nerve block to the right elbow, physical therapy, splinting, and steroid injections. Request for authorization for right median nerve block was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro nerve block right median nerve: 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, 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and Hand, Injection

Decision rationale: Most invasive techniques, such as needle acupuncture and injection procedures, have insufficient high quality evidence to support their use. The exception is

corticosteroid injection about the tendon sheaths or, possibly, the carpal tunnel in cases resistant to conservative therapy for eight to twelve weeks. Injections are Recommend a single injection as an option in conservative treatment. Corticosteroid injections will likely produce significant short-term benefit, but many patients will experience a recurrence of symptoms within several months after injection. In mild cases wait four to six weeks before consider injection, but sooner in severe cases, given the success of surgery, and the success/predictive value of injections. Repeat injections are only recommended if there is evidence that a patient who has responded to a first injection is unable to undertake a more definitive surgical procedure at that time. In this case the patient had received an injection the previous month. There is no documentation of functional improvement after the injection. There is no indication for repeat injection. Therefore request should not be authorized.