

Case Number:	CM14-0031211		
Date Assigned:	04/09/2014	Date of Injury:	01/02/2012
Decision Date:	05/28/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/29/2014

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 Interventional Spine, 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 patient is a 40-year-old female with a date of injury of 01/02/2012. The listed diagnoses per [REDACTED] are: cubital tunnel syndrome, and atypical complex region pain syndrome. According to report dated 02/12/2014 by [REDACTED], the patient presents with left and right elbow pain with numbness and tingling. The patient's right elbow pain extends from the medial side of her elbow down to her 4th and 5th digits of the right hand with associated numbness and tingling. She has similar symptoms on the left side with less intensity. The examination reveals tenderness along the medial side of the elbow. She has full range of motion with full extension, flexion, supination, and pronation. She has full strength and stability within the elbow joint. Varus and valgus stress testing is non-focal. Mild hypothenar atrophy is seen within the right hand. She has mild weakness with right 5th finger abduction. Tinel's along the right cubital tunnel is positive and negative Tinel's on the carpal tunnel. She has 2/2 sensation to light touch and pinprick at the upper extremity and deep tendon reflexes are intact. The treating provider recommends an ulnar nerve ultrasound-guided cortisone injection and nerve block. Electromyogram (EMG) / nerve conduction velocity (NCV) dated 03/06/2013 revealed left ulnar motor and the right ulnar motor nerve showed decreased conduction velocity and sensory nerve showed prolonged distal peak latency and decreased conduction velocity. The impressions are abnormal study. The electrodiagnostic study suggested mild bilateral ulnar nerve entrapment affecting the motor components at the elbow likely representing cubital tunnel syndrome. MRI (magnetic resonance imaging) of the right elbow dated 12/20/2013 revealed normal exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL ULNAR NERVE BLOCKS WITH ULTRASOUND GUIDANCE FOR BOTH CUBITAL TUNNELS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Citation: Steroid Injections: <http://orthoinfo.aaos.org/topic.cfm?topic=a00069>

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: This patient presents with continued bilateral elbow pain with numbness and tingling. The treating provider is requesting bilateral ulnar nerve blocks with ultrasound guidance for both cubital tunnels. The Utilization review dated 03/05/2014 denied the request stating guidelines do not support such injections and it is not clear whether the claimant has attempted any conservative care. The ACOEM guidelines have the following, "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 8 to 12 weeks." The Official Disability Guidelines (ODG) has the following for corticosteroid injections for carpal tunnel syndrome, "recommend a single injection as an option in conservative treatment." The current request is for ulnar nerve injection, a similar condition to carpal tunnel syndrome (CTS). The recommendation is for authorization of one injection on each side.