MAXIMUS Federal Services

Case Number:	CM14-0079130		
Date Assigned:	07/18/2014	Date of Injury:	07/08/2009
Decision Date:	09/12/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/29/2014

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 Family Medicine, and is licensed to practice in New Jersey. 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 worker is a 35 year old female who was injured on 7/8/2009. She was diagnosed with a right lesion of the ulnar nerve/neuropathy, right shoulder impingement, and right mild cubital tunnel syndrome. She was treated with opioids, corticosteroid injections, NSAIDs, Tylenol, muscle relaxants, benzodiazepines, sleep aids, physical therapy, TENS unit, and surgery (right brachial plexus surgery). Initially she was able to return to full time work, but too much activity aggravated her pain. In 2013, she reduced her hours working due to her pain. On 2/13/14, the worker was seen by her neurosurgeon for a checkup after her decompression surgery of the right brachial plexus performed on 11/13/2013. She complained of pain in her right elbow and right wrist with sensory loss and reduced strength in the right hand. She was at the time still completing postop physical therapy. On examination, the surgeon noted decreased motor strength and coldness of the right hand, decreased sensation to light touch, pinprick, and two-point discrimination in the right hand, decreased deep tendon reflexes in the right arm, positive Tinel's sign in the right elbow at ulnar nerve and at the right wrist, and also a positive Phalen's test. She was recommended a soft brace for the right elbow. Later, it was requested that the worker have an ulnar and median nerve block.

IMR ISSUES, DECISIONS AND RATIONALES

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

NERVE BLOCK OF THE ULNAR AND MEDIAN NERVE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, ELBOW CHAPTER, CORTISONE INJECTION.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 18-19, 264-265.

Decision rationale: The MTUS ACOEM Guidelines state that for ulnar nerve entrapment, a few potential treatment options are recommended, although with insufficient evidence: elbow padding, avoidance of leaning on ulnar nerve at the elbow and prolonged hyperflexion of the elbow, and NSAIDs. There is no mention of using a nerve block as standard treatment for this condition in the guidelines, and is considered not recommended. Surgery, however, may be considered in certain situations. Also, for median nerve entrapment, the MTUS suggests adjustment of task or use of wrist, stretching, wrist exercises, oral analgesics, splinting, and possibly corticosteroid injections in certain situations. Also, surgery may be recommended. No mention of nerve blocks was found in any guidelines in reference to this condition. For both the ulnar nerve and median nerves, a block is typically used during a procedure for temporary analgesic effect of the arm and hand, such as during hand/wrist surgery or wound debridement. In the case of this worker, it was not clear as to the reason for these blocks, and more information is needed in order to justify its approval. Regardless, outside of any procedure request, the requested Nerve Block Of The Ulnar And Median Nerve is not medically necessary.