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| Case Number: | CM14-0201593 | | |
| Date Assigned: | 12/11/2014 | Date of Injury: | 06/13/2013 |
| Decision Date: | 01/30/2015 | UR Denial Date: | 10/28/2014 |
| Priority: | Standard | Application Received: | 12/01/2014 |

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 Practice and is licensed to practice in North Carolina. 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 56-year-old with a reported injury date of 06/13/2013. The patient has the diagnoses of right hand ulnar neuropathy, internal derangement of the right hand, TFCC tear of the right wrist and reflex sympathetic dystrophy of the right elbow. The progress notes from the primary treating physician dated 08/19/2014 indicate the patient had complaints of continuing pain in the right elbow radiating into the right wrist and hand. The patient has been prescribed oral medications and physical therapy. The physical exam noted positive cubital tunnel on the right with decreased right elbow range of motion and a positive Tinel's and Phalen's sign on the right. There was sensory loss on the right ring and little fingers and abnormal 2 point discrimination on the ulnar nerve distribution on the right. Treatment plan recommendations included ultrasound guided cortisone injection for the cubital tunnel and medial epicondyle, physical therapy and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided injection with cortisone to right elbow: 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, Injections (Corticosteroid)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 18-19.

Decision rationale: The ACOEM chapter on elbow complaints and the treatment of ulnar nerve entrapment including cubital tunnel syndrome states: Aside from surgical studies, there are no quality studies on which to rely for treatment of ulnar neuropathies, and there is no evidence of benefits of the following treatment options. However, these options are low cost, have few side effects, and are not invasive. Thus, while there is insufficient evidence, these treatment options are recommended:- Elbow padding [Insufficient Evidence (I), Recommended];- Avoidance of leaning on the ulnar nerve at the elbow [Insufficient Evidence (I), Recommended];- Avoidance of prolonged hyperflexion of the elbow [Insufficient Evidence (I), Recommended]; and- Although not particularly successful for neuropathic pain, utilization of NSAIDs [Insufficient Evidence (I), Recommended]. In addition, the ODG states steroid injections for the treatment of epicondylitis is not recommended as a routine intervention. The ACOEM states: Evidence consistently demonstrates that steroid injections into the vicinity of the lateral epicondyle produce short-term pain relief more effectively than do either physical therapy or a "wait and see" approach. However, in the long term, steroid injections are less effective in providing pain relief than is physical therapy or a "wait and see" approach. Since neither the ODG nor the ACOEM recommends the injections, the request is not medically necessary.