

<b>Case Number:</b>	CM15-0141984		
<b>Date Assigned:</b>	08/25/2015	<b>Date of Injury:</b>	01/03/1993
<b>Decision Date:</b>	09/28/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 50-year-old male who reported an industrial injury on 1-3-1993. His diagnoses, and or impression, were noted to include: ligamentous injury right wrist with good function; cystic changes in the right wrist carpal bone; tear of triangular fibrocartilage complex in the right wrist; and moderate right carpal tunnel syndrome. Recent electrodiagnostic studies were done on 3-9-2015; no current imaging studies were noted. His treatments were noted to include: right wrist release surgery (3-25-13); an agreed medical evaluation on 7-28-2014; medication management; and a return to full, unrestricted work duties. The progress notes of 6-12-2015 reported continued right wrist pain, swelling, numbness and weakness. Objective findings were noted to include positive Tinels test in the right wrist. The physician's requests for treatments were noted to include the treatment options recommended by the hand surgeon for a diagnostic right posterior interosseous nerve block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One diagnostic nerve block: posterior interosseous nerve, right: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Washington State Department of Labor and Industries. Work-related radial nerve entrapment: diagnosis and

treatment. Olympia (WA): Washington State Department of Labor and Industries; 2010 Apr 1  
10 p.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and  
Hand Complaints Page(s): 271-273.

**Decision rationale:** MTUS states that injections are recommended for the following indications. Injection of Initial injection of Repeated or frequent corticosteroids into corticosteroids in injection of carpal tunnel in mild or moderate cases of corticosteroids into carpal moderate cases of CTS tendinitis (D) tunnel, tendon sheaths, after trial of splinting ganglia, etc. (D) and medication (C). Initial injection into tendon sheath for clearly diagnosed cases of DeQuervain's syndrome, tenosynovitis, or trigger finger (D). In this case, the indication is for posterior interosseous nerve. The patient does have CTS this request if not for that indication as well as DeQuervain's syndrome but not requesting injection of the tendon sheath as recommended. The medical records reveal a cervical or central radiculopathy (right chronic active C5-C6 cervical radiculopathy on 2/5/15) but no peripheral radiculopathy. Also, the MTUS does not recommend injections for this indication. As such, the request for one diagnostic nerve block: posterior interosseous nerve, right is not medically necessary.