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| <b>Case Number:</b>   | CM15-0147521 |                              |            |
| <b>Date Assigned:</b> | 08/10/2015   | <b>Date of Injury:</b>       | 10/05/2013 |
| <b>Decision Date:</b> | 09/04/2015   | <b>UR Denial Date:</b>       | 07/28/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/29/2015 |

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 is a 67 year old female with an October 5, 2013 date of injury. A progress note dated July 14, 2015 documents subjective complaints (left upper extremity stiffness of the digits as well as numbness and tingling from the elbow and to the fourth and fifth digits), and objective findings (positive Tinel's at the elbow; sensation intact). Diagnoses were noted in the medical record to include partial thickness rotator cuff tear of the left shoulder and strain of rotator cuff capsule. Treatments to date have included night bracing, diagnostic testing, physical therapy, acupuncture, and left radial head replacement. The treating physician documented a plan of care that included an ultrasound guided ulnar nerve injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound guided Ulnar Nerve Injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Injections (corticosteroid). <http://www.odg-twc.com/index.html>.

**Decision rationale:** According to ODG guidelines, elbow injection "Not recommended as a routine intervention for epicondylitis, based on recent research. In the past a single injection was suggested as a possibility for short-term pain relief in cases of severe pain from epicondylitis, but beneficial effects persist only for a short time, and the long-term outcome could be poor." There is no clear documentation of rationale for ulnar nerve injection in this case. Ulnar nerve injection may expose to ulnar nerve injury. Furthermore there is no clear documentation of epicondylitis. Therefore, the request for Ultrasound guided Ulnar Nerve Injections is not medically necessary.