

Case Number:	CM15-0168672		
Date Assigned:	09/09/2015	Date of Injury:	08/01/2013
Decision Date:	10/08/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/27/2015

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:

The injured worker is a 38 year old female with an industrial injury dated 08-01-2013. A review of the medical records indicates that the injured worker is undergoing treatment for right lateral epicondylitis, right mobile ulnar nerve with distal symptoms and cervical spine pathology. Treatment consisted of electromyography (EMG)-nerve conduction velocity (NCV) on 3-2-2015, prescribed medications, wrist brace, activity modifications and periodic follow up visits. Medical records (5-21-2015) indicate continued elbow pain with tenderness with use of the wrist, wrist extension, flexion and grip. The injured worker reported mild to moderate in severity. Objective findings (5-21-2015) for right upper extremity exam revealed elbow range of motion intact with pain at the lateral epicondyle , pain with wrist extension and burning pain in the fifth digit, dorsum of hand and thumb. Records indicated that Electromyography (EMG) and nerve conduction study revealed chronic neuropathy at C6-7 with no evidence of slowing at right elbow and 60 "msec" motor past of elbow. Per the treating physician (5-21-2015 report), the treating physician reported worsening of the lateral epicondylitis. Per the panel qualified medical reevaluation (7-08-2015 report) the right elbow exam revealed tenderness at medial epicondyle, radial head and cubital tunnel with no instability of the right elbow. The treating physician prescribed services for Ultrasound guided right elbow radial tunnel injection, now under review. Utilization Review determination on 08-13-2015 denied the request for ultrasound guided right elbow radial tunnel injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided right elbow radial tunnel injection: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 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 right elbow radial tunnel injection is not medically necessary.