

Case Number:	CM15-0182369		
Date Assigned:	09/23/2015	Date of Injury:	08/21/2014
Decision Date:	10/27/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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, who sustained an industrial injury on 8-21-2014. The injured worker was being treated for right wrist strain. On 5-20-2015, the injured worker reported ongoing right wrist pain, rated 2-6 out of 10 depending on activity. The injured worker is working. The physical exam (5-20-2015) revealed a tenderness thenar muscle and negative Finkelstein, Tinel, Phalen's, and ulnar grind. Per the treating physician (8-10-2015 report), electromyography and nerve conduction velocity studies of the right upper extremity revealed no abnormal findings. Per the MRI report of 8-27-2015, an MRI of the right wrist revealed mild flexor carpi radialis tenosynovitis. Treatment has included at least 3 sessions of physical therapy, at least 3 sessions of acupuncture, work restrictions, and bracing, and non-steroidal anti-inflammatory (Ibuprofen). Per the treating physician (5-20-2015 report), the employee was to return to work with modified duties including no lifting or carrying over 15 pounds and no repetitive bending, twisting, or stooping at the waist. The requested treatments included an ultrasound-guided injection to the right elbow cubital tunnel and first dorsal compartment. On 9-3-2015, the original utilization review non-certified a request for an ultrasound guided injection to the right elbow cubital tunnel and first dorsal compartment due to the lack of documentation of an indicated condition or diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided injection to the right elbow cubital tunnel and first dorsal compartment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Elbow (Acute & Chronic), Injections (corticosteroid) (2) Forearm, Wrist, & Hand (Acute & Chronic), Injection.

Decision rationale: The claimant sustained a work injury in August 2014 when boxes fell on her back and she injured the lumbar spine and right hand. Electrodiagnostic testing in August 2015 was negative. Treatments have included physical therapy. The claimant continues to have pain over the dorsal of the right hand and thumb at an MRI of the right wrist on 08/27/15 included findings of mild extensor compartment tenosynovitis. Being requested is authorization for an ultrasound guided cubital tunnel and first dorsal compartment injection. An elbow injection can be recommended for the treatment of lateral epicondylitis. In this case, it is being requested for the treatment of cubital tunnel syndrome. The claimant had negative electrodiagnostic testing which does not support the presence of ulnar nerve entrapment. The requested if the claimant is having numbness, a diagnostic injection with an ascetic would not be possible. The request is therefore not considered medically necessary. Corticosteroid injection without splinting is the preferred initial treatment for deQuervain's tenosynovitis. Compared with non-steroidal anti-inflammatory drugs, splinting, or combination therapy, corticosteroid injections offer the highest cure rate. In most patients, symptoms resolve after a single injection. In this case, the claimant does not appear to have had a prior injection. There are findings of extensor synovitis by MRI. A corticosteroid injection is medically necessary. However, there would be no need for the use of ultrasound guidance. This is a superficial injection and the claimant has not had prior surgery. Observation of the appropriate flow of the injectate can be done without the use of ultrasound guidance. The request as submitted is not medically necessary.