

Case Number:	CM15-0021558		
Date Assigned:	02/11/2015	Date of Injury:	03/09/2006
Decision Date:	04/06/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/04/2015

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: California, Washington

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 63-year-old female who reported a repetitive strain injury on 03/09/2006. The current diagnoses include bilateral upper extremity overuse syndrome, bilateral elbow lateral epicondylitis with dynamic cubital tunnel syndrome and bilateral forearm/wrist tenosynovitis. The injured worker presented on 12/15/2014 for a followup evaluation with complaints of numbness and tingling in the bilateral forearms and hands. Upon examination, there was tenderness to palpation over the medial and lateral epicondyle. Positive Tinel's sign at the bilateral elbows, positive Phalen's and Tinel's sign at the bilateral wrists, and decreased sensation along the median and ulnar nerve distribution bilaterally. Recommendations included bilateral upper extremity EMG/NCV studies and bilateral wrist ultrasound guided CT injection. The injured worker was also instructed to continue with the current medication regimen of Norco 2.5 mg and Axid 150 mg. A Request for Authorization form was then submitted on 12/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right wrist diagnostic ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines), TWC

(Treatment for Workers Compensation), Integrated Treatment,/Disability Duration Guidelines, Forearm, Wrist and Hand.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: California MTUS/ACOEM Practice Guidelines state for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. In this case, it was noted that the injured worker reported bilateral upper extremity numbness and tingling with an increase in symptoms with gripping, grasping, pushing and pulling. However, there was no mention of a recent attempt at any conservative management prior to the request for an imaging study. It was also noted that the injured worker was pending authorization for electrodiagnostic studies of the bilateral upper extremities. Given the above, the request is not medically appropriate at this time.

Right elbow diagnostic ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines), TWC (Treatment for Workers Compensation), Integrated Treatment,/Disability Duration Guidelines, Elbow.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

Decision rationale: California MTUS/ACOEM Practice Guidelines state for most patients presenting with elbow problems, special studies are not needed unless a period of at least 4 weeks of conservative care and observation fails to improve symptoms. In this case, there was no documentation of a recent attempt at any conservative treatment prior to the request for an imaging study. Therefore, the request is not medically appropriate at this time.

Right wrist injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

Decision rationale: California MTUS/ACOEM Practice Guidelines state most invasive techniques, such as injection procedures, have insufficient high quality evidence to support their use. The exception is corticosteroid injection about the tendon sheath or possibly the carpal tunnel in cases resistance to conservative therapy for 8 to 12 weeks. In this case, there was no documentation of a recent attempt at any conservative treatment prior to the request for an injection. Given the above, the request is not medically appropriate at this time.

Right elbow injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 594.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 30-33.

Decision rationale: California MTUS/ACOEM Practice Guidelines state if a noninvasive treatment strategy fails to improve the condition over a period of at least 3 to 4 weeks, glucocorticoid injections are recommended. In this case, there was no documentation of a recent attempt at any conservative treatment prior to the request for an injection. As such, the request is not medically appropriate at this time.

Left wrist diagnostic ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines), TWC (Treatment for Workers Compensation), Integrated Treatment,/Disability Duration Guidelines, Forearm, Wrist and Hand.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: California MTUS/ACOEM Practice Guidelines state for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. In this case, it was noted that the injured worker reported bilateral upper extremity numbness and tingling with an increase in symptoms with gripping, grasping, pushing and pulling. However, there was no mention of a recent attempt at any conservative management prior to the request for an imaging study. It was also noted that the injured worker was pending authorization for electrodiagnostic studies of the bilateral upper extremities. Given the above, the request is not medically appropriate at this time.

Left elbow diagnostic ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines), TWC (Treatment for Workers Compensation), Integrated Treatment,/Disability Duration Guidelines, Elbow.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

Decision rationale: California MTUS/ACOEM Practice Guidelines state for most patients presenting with elbow problems, special studies are not needed unless a period of at least 4 weeks of conservative care and observation fails to improve symptoms. In this case, there was

no documentation of a recent attempt at any conservative treatment prior to the request for an imaging study. Therefore, the request is not medically appropriate at this time.

Left wrist injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

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