

Case Number:	CM15-0031772		
Date Assigned:	02/25/2015	Date of Injury:	07/12/2012
Decision Date:	04/07/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/19/2015

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

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 7/12/12. The injured worker reported symptoms in the bilateral upper extremities. The diagnoses included pain in joint forearm, pain in joint hand and lesion ulnar nerve. Treatments to date include topical ointments, home exercise program, physical therapy, activity modification, oral pain medication, and oral muscle relaxants. In a progress note dated 12/30/14 the treating provider reports the injured worker was with "pain from the shoulder, down the arm and into the hands." An appeal letter dated January 20, 2015 indicates that the patient complains of bilateral upper extremity pain radiating from the elbows to the wrists. She reports numbness and tingling at night. An electrodiagnostic study of the upper extremities was performed on May 9, 2014 indicating evidence of ulnar neuropathy at the right elbow consistent with cubital tunnel syndrome. NSAIDs have been ineffective. Physical examination reveals slight decrease in sensation in the Ulnar aspect of the right hand with non-focal motor examination. The patient has failed conservative treatment including physical therapy, home exercise program, splints, H-wave, and numerous medications. The patient has not had cubital Tunnel injections in the past. On 1/19/15 Utilization Review non-certified the request for right cubital tunnel injection with ultrasound guidance. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right cubital tunnel injection with ultrasound guidance: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ulnar Nerve Entrapment Page(s): 18-19.

Decision rationale: Regarding the request for Right cubital tunnel injection with ultrasound, Chronic Pain Medical Treatment Guidelines recommend attempting conservative measures 4-6 weeks before considering injections. Subsequent injections should be supported by either objective improvement or utilization of a different technique or location for the injections. Within the documentation available for review, it is clear that the patient has subjective complaints and objective findings of ulnar neuropathy. Additionally, electrodiagnostic studies have confirmed the diagnosis on the right elbow. Furthermore, the patient has failed conservative treatment. As such, the utilization of a cubital tunnel injection with ultrasound guidance is medically necessary.