MAXIMUS Federal Services

Case Number:	CM14-0110577		
Date Assigned:	08/01/2014	Date of Injury:	06/23/2009
Decision Date:	10/06/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/15/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 28 year old female with a 6/23/09 injury date. The mechanism of injury was not provided. In a follow-up on 5/30/14, subjective complaints include right medial elbow pain at night if the elbow is flexed more than 60-70 degrees. There is also a deep ache along the right dorsoradial forearm along the pathway of the radial tunnel, as well as wrist pain with active range of motion. Objective findings include tenderness over the right medial epicondyle and over the extensor carpi radialis brevis (ECRB) at the wrist. The provider recommended a right medial elbow cortisone injection. In a follow-up on 6/11/14, subjective complaints include medial elbow pain over the right ulnar groove, numbness and tingling in the right small finger, and pain over the dorsum of the wrist correlating with the right 4th dorsal compartment. Objective findings include palpable crepitus at the right 4th dorsal compartment of the wrist, positive Tinel's sign at the right ulnar nerve at the elbow, and a positive right elbow flexion test. The provider recommended a cortisone injection to the right 4th dorsal compartment of the wrist. An EMG of the right upper extremity on 5/11/12 showed mild cubital tunnel syndrome. Diagnostic impression: right cubital tunnel syndrome, right wrist tendonitis, right elbow medial epicondylitis.Treatment to date: physical therapy, medications, right 1st dorsal compartment release (1/14/14), right ulnar nerve transposition (12/4/12), splinting. A UR decision on 6/30/14 denied the request for right medial elbow injection on the basis that the literature does not support it for the treatment of cubital tunnel syndrome. The request for injection to the fourth dorsal compartment was denied on the basis that prior conservative treatment that specifically addresses the symptoms has not been attempted. The request for Celestone was denied because the steroid injections were not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid Injection to The Right Medial Elbow at the Distal Insertion of the Medial Intermuscular Septum with the Right Medial Epicondyle: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Arch Phys Med Rehabil. 1996 Jun 77; 573-577

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cardone DA, Tallia AF. Diagnostic and Therapeutic Injection of the Elbow Region. Am Fam Physician. 2002 Dec 1;66(11):2097-100.

Decision rationale: CA MTUS and ODG do address the issue of elbow tendonitis, especially lateral epicondylitis. However, the guidelines do not address the present case which involves medial elbow pain in an area near the medial epicondyle but distant from the anteriorly transposed ulnar nerve. The patient continues to have medial elbow pain since her 2012 ulnar nerve transposition that appears to be refractory to conservative measures, including physical therapy, NSAIDs, and night splinting in extension. In the article by Cardone DA et al, corticosteroid injections for either medial or lateral epicondylitis were found to be effective treatment options when conservative measures fail. A right elbow medial injection is a good treatment option at this time for this patient, given that further conservative measures are not likely to be effective and it is sensible to avoid further surgery on the elbow. Therefore, the request for Steroid Injection to the Right Medial Elbow at the Distal Insertion of the Medial Intermuscular Septum with the Right Medial Epicondyle is medically necessary.

Steroid Injection to the Fourth Dorsal Compartment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation ODG-TWC (Official Disability Guidelines-Treatment in Workers Compensation) Forearm, Wrist and Hand Procedure

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

Decision rationale: CA MTUS states that injections are indicated in cases of "peripheral nerve impingement, if no improvement or worsening has occurred within four to six weeks; or a symptomatic ganglion." In addition, ODG states that injections are indicated for "Trigger finger and for de Quervain's tenosynovitis." A literature search of pubmed.com did not reveal any articles specifically relevant to injections for tendonitis of the 4th dorsal compartment of the wrist. In the present case, it is clear from the documentation that this is a new diagnosis. There is no documentation of attempts of conservative treatment for this specific diagnosis. The only planned treatment mentioned was to attempt a cortisone injection. Guidelines generally recommend a trial of conservative treatment including physical therapy, NSAIDs, and splinting

prior to injection treatment. Therefore, the request for Steroid Injection to the Fourth Dorsal Compartment is not medically necessary.

Celestone 6mg (Injectable Suspension): Overturned

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): Elbow Chapter.

Decision rationale: CA MTUS does not address this issue. ODG states that corticosteroid used as "part of an injection procedure does not need to be separately considered for approval." In the present case, the right medial elbow injection is medically necessary. Therefore, the request for Celestone 6 mg (Injectable Suspension) is medically necessary.