

Case Number:	CM15-0009099		
Date Assigned:	01/27/2015	Date of Injury:	03/17/2008
Decision Date:	03/24/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/15/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 (IW) is a 52 year old female, who sustained an industrial injury on 3/17/08. Injury occurred while she was moving a desk with a co-worker. The 11/19/14 treating physician report documented three prior surgeries in the left ulnar nerve with transposition and continued symptoms. Previous EMG nerve conduction study showed 53 millisecond velocity. There was continued carpal tunnel symptoms with numbness and tingling in the 1st, 2nd, and 3rd digits. Physical exam documented tenderness about the ulnar nerve and decreased sensation in the ulnar nerve distribution in the hand. Interosseous and hypothenar strength was good. There was positive provocative testing and electrodiagnostic evidence for carpal tunnel syndrome. The treatment plan recommended left carpal tunnel release. The treatment plan also included ultrasound evaluation of the ulnar nerve and an ultrasound guided injection along the ulnar nerve as both diagnostic and therapeutic for planning of a revision surgery. On December 19, 2014, utilization review certified the request for left carpal tunnel syndrome with associated services, certified the ultrasound evaluation of the ulnar nerve, and non-certified a request for an ultrasound guided injection at left ulnar nerve, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 15, 2015, the injured worker submitted an application for IMR for review of requested Ultrasound guided injection at left ulnar nerve.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided injection at left ulnar nerve: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Feasibility of Ultrasound-guided Ulnar Nerve Injections at the Cubital Tunnel using a Lateral-to-Medial Approach. Daniel Plessl et al, J. Musculoskelet. Res.17, 1450002 (2014) [6 pages]

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Elbow: Injections (corticosteroid) van Veen KE, Alblas KC, Alons IM, Kerklaan JP, Siegersma MC, Wesstein M, Visser LH, van Kasteel V, Jellema K. Corticosteroid injection in patients with ulnar neuropathy at the elbow: A randomized, double-blind, placebo-controlled trial. Muscle Nerve. 2014 Dec 19. doi: 10.1002/mus.24551. [Epub ahead of print]

Decision rationale: The California MTUS do not provide recommendations relative to ulnar nerve injections. The Official Disability Guidelines limit corticosteroid injection recommendations to severe cases of lateral epicondylitis. A review of current medical literature found a few high quality studies relative to ulnar nerve injections. A recent small randomized double-blind placebo controlled trial failed to demonstrate a positive effect of ultrasound guided corticosteroid injection in patients with ulnar neuropathy at the elbow compared to placebo. There is no current evidence based medical guideline or peer-reviewed literature support for diagnostic or therapeutic ulnar nerve injections. There is a complaint of decreased ulnar nerve sensation in the hand but no documentation of positive provocative testing. An ultrasound study has been certified for diagnostic purposes. There is no compelling rationale presented to support the medical necessity of this request in the absence of guideline support. Therefore, this request is not medically necessary.