

Case Number:	CM15-0122537		
Date Assigned:	06/29/2015	Date of Injury:	10/08/2013
Decision Date:	07/30/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/25/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 44 year old male with an industrial injury dated 10/08/2013. His diagnosis included right carpal tunnel syndrome, left carpal tunnel syndrome, right ulnar nerve at the elbow, left ulnar nerve at the elbow and ulnar carpal impaction left wrist. Prior treatment included therapy, massage, bracing and carpal tunnel injection. He presents on 05/12/2015 complaining of numbness and tingling in fourth and fifth digit and some radial side wrist pain. The pain is described as dull, achy, sharp, throbbing and constant. He feels some locking in the wrist along with tenderness. Physical examination noted positive Tinel's of bilateral elbows. Flexed elbow test was positive. There was some mild diffuse pain with generalized range of motion of the wrist. Range of motion of the digits was intact. The provider documents EMG/nerve conduction study showed bilateral carpal tunnel syndrome right greater than left. X-ray was negative for fracture. Treatment plan included MRI of bilateral wrist and ultrasound guided injections at the elbows. The request for magnetic resonance imaging (MRI) bilateral wrists was authorized. The request for review is for bilateral ulnar nerve injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral ulnar nerve injections: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Archives of Physical Medicine and Rehabilitation; Annals of Physical and Rehabilitation Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272, 41.

Decision rationale: According to the guidelines, injections are recommended for mild to moderate cases of carpal tunnel syndrome. Repeated injections are not recommended and they are optional for tendonitis. They are also recommended for epicondylalgia. In this case, the claimant had carpal tunnel syndrome and Tinel's signs at the elbow as well. There were persistent symptoms and pain. The request for ulnar nerve injections is appropriate and medically necessary.