

Case Number:	CM15-0062698		
Date Assigned:	04/08/2015	Date of Injury:	03/17/2008
Decision Date:	06/11/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/02/2015

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

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 52 year old female, who sustained an industrial injury on March 17, 2008. The injured worker has been treated for low back and left wrist and hand complaints. The diagnoses have included ulnar nerve compression, lumbar degenerative disc disease and left carpal tunnel syndrome. Treatment to date has included medications, radiological studies, right facet rhizotomy, electrodiagnostic studies, physical therapy and a left carpal tunnel release. Current documentation dated March 4, 2015 notes that the injured worker reported soreness of the left carpal tunnel surgical incision sites and continued numbness and tingling of the ulnar aspect. The treating physician's plan of care included a request for an ultrasound guided injection to the 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: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Carpal Tunnel Chapter

under Cortisone Injection American Academy of Orthopedic Surgeons
www.aaos.org/news/aaosnow/jan15/clinical5.asp.

Decision rationale: Based on the 11/19/14 progress report provided by treating physician, the patient presents with left wrist pain. The request is for Ultrasound Guided Injection at Left Ulnar Nerve. Patient is status post 3 surgeries in the left ulnar nerve with transposition, unspecified dates. Patient's diagnosis per Request for Authorization form dated 03/16/15 includes ulnar nerve compression. Physical examination on 11/19/14 revealed tenderness about the ulnar nerve and decreased sensation in the ulnar nerve distribution to the hand. Positive carpal tunnel compression, Phalen's and Tinel's. Treatment to date has included medications, radiological studies, right facet rhizotomy, electrodiagnostic studies, and physical therapy. Patient is to remain off-work, per 12/22/14 treater report. MTUS and ACOEM guidelines do not address this request. ODG guidelines support nerve injection for carpal tunnel syndrome, a similar condition to ulnar nerve entrapment. ODG guidelines, Carpal Tunnel Chapter under Cortisone Injection states that it recommends a single injection as an option in conservative treatment. Corticosteroid injections will likely produce significant short-term benefit, but many patients will experience a recurrence of symptoms within several months after injection. Additional injections are only recommended on a case to case basis. Repeat injections are only recommended if there is evidence that a patient who has responded to the first injection is unable to undertake a more definitive surgical procedure at that time. For ultrasound, ODG guidelines states that it is recommended as an additional option only in difficult cases. High-frequency ultrasound examination of the median nerve and measurement of its cross-sectional area may be considered as an alternative diagnostic modality for the evaluation of CTS. ODG Elbow chapter under ultrasound diagnostic: Indications for imaging Ultrasound: Chronic elbow pain, suspect nerve entrapment or mass; plain films non-diagnostic (an alternative to MRI if expertise available). Chronic elbow pain, suspect biceps tendon tear and/or bursitis; plain films non-diagnostic (an alternative to MRI if expertise available) www.aaos.org/news/aaosnow/jan15/clinical5.asp American Academy of Orthopedic Surgeons states, "Limited data exist comparing the clinical efficacy of ultrasound-guided to palpation-guided injections ..." The article states further that "Although these early clinical outcomes appear promising, it is unclear whether image guidance will have an impact on long-term results". Per 11/19/14 progress report, treater states "With regard to the ulnar nerve, we would also recommend ultrasound evaluation of the ulnar nerve to assess for any sites of focal compression also ultrasound guided injection along the ulnar nerve as both diagnostic and therapeutic and possible planning of a revision surgery here..." "(The patient) does have EMG nerve conduction study, positive carpal tunnel symptoms, numbness and tingling in the first, second, and third digit. She has had response to bracing. We have performed injection last visits. She feels that after a week she had significant improvement, less tingling, this has lasted for approximately six weeks and it just started to return." Given patient already underwent surgical procedures to left wrist, and documented improvement from previous injections, the request for repeat injection would appear to be reasonable and indicated by ODG. The use of u/s for examination is also supported by the ODG and the request is medically necessary.