

Case Number:	CM15-0077151		
Date Assigned:	04/28/2015	Date of Injury:	03/17/2008
Decision Date:	06/17/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/22/2015

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 03/17/2008. According to a progress report dated 04/01/2015, the injured worker was seen in follow up for left side carpal tunnel release that was performed in January 2015. She had poor strength with her initial therapy. The first five sessions did not provide good therapy. She did not progress and therapy was changed. She has now had 5 visits with the other therapist and felt excellent improvement. Treatment plan included additional therapy. On 04/06/2015, the provider requested authorization for ultrasound guided injection at the ulnar nerve. Diagnosis included ulnar nerve compression. Currently under review is the request for one ultrasound guided injection at the left ulnar nerve.

IMR ISSUES, DECISIONS AND RATIONALES

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

One ultrasound guided injection at the left ulnar nerve: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Daniel Plessel et al, J. Musculoskelet. res. 17, 145002 (2014) [6 pages] DOI: 10. 11412/S021895771450002X.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Chapter, Cortisone Injection Elbow Chapter, Ultrasound diagnostic American Academy of Orthopedic Surgeons website 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 upper extremity pain. The patient is status post 3 surgeries in the left ulnar nerve with transposition, per 11/19/14 report. The patient is status post left carpal tunnel release January 2015, per 04/01/15 report. The request is for ONE ULTRASOUND GUIDED INJECTION AT THE LEFT ULNAR NERVE. Patient's diagnosis per Request for Authorization form dated 04/06/15 includes ulnar nerve compression. Per 11/19/14 report, "EMG nerve conduction study, positive carpal tunnel symptoms, numbness and tingling in the first, second, and third digit. [The patient] had response to bracing." Physical examination on 11/19/14 revealed tenderness about the ulnar nerve and decreased sensation in the ulnar nerve distribution of the hand, interosseous and hypothenars with good strength. Positive provocative test for carpal tunnel compression, Phalen's and Tinel's. Positive second and third digits.

Treatment to date included surgeries, therapy and work modifications. Patient's work status not available. Treatment reports were provided from 11/19/14 - 04/01/15. 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 nondiagnostic (an alternative to MRI if expertise available). Chronic elbow pain, suspect biceps tendon tear and/or bursitis; plain films nondiagnostic (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] should be indicated this due to the multiple surgeries here, possibility of improved function with a revision and the ultrasound and the injection would be diagnostic to assess whether there are areas of compression an worthwhile or a response to anti-inflammatory medicine that would justify no surgery here. We have performed injection last visits. [The patient] feels that after a week she had significant improvement, less tingling, this has lasted approximately six weeks and it just started to return." Given the 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 ultrasound for examination is also supported by the ODG. Therefore, the request is medically necessary.

