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| Case Number: | CM13-0002536 | | |
| Date Assigned: | 12/11/2013 | Date of Injury: | 02/17/2011 |
| Decision Date: | 01/15/2014 | UR Denial Date: | 07/10/2013 |
| Priority: | Standard | Application Received: | 07/22/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiologist, Pain Medicine, and is licensed to practice in Florida. 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 physician 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:

The patient is a 45-year-old male who reported injury on 02/17/2011. The mechanism of injury was not provided. The patient's right wrist was noted to have a positive Tinel's. The patient was noted to be nontender over the flexor tendons of the right wrist, and was noted to have full range of motion at all MCP and IP joints, as well as grip strength of a 5/5. The diagnoses were noted to include bilateral mild carpal tunnel syndrome, electrodiagnostically supported. The request was made for a right wrist corticosteroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right wrist corticosteroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: California MTUS Guidelines indicate that there may be an injection of corticosteroids into carpal tunnel in mild or moderate cases of carpal tunnel syndrome after a trial of splinting and medication. Clinical documentation submitted for review indicated that the patient was using bilateral bracing and the patient was noted to have used medications. However,

the physical examination revealed the patient was nontender over the flexor tendons of the right wrist, and was noted to have full range of motion at all MCP and IP joints, as well as grip strength of a 5/5. Given the above and the lack of tenderness upon objective examination and the patient's grip strength, the request for right wrist corticosteroid injection is not medically necessary.