

Case Number:	CM13-0021192		
Date Assigned:	11/08/2013	Date of Injury:	12/05/2012
Decision Date:	01/14/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	09/06/2013

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 Pain Management has a subspecialty in Disability Evaluation and is licensed to practice in California. 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:

This is a 42 year old right-handed female, injury date December 05, 2012, also a DOI of November 21, 2012 indicated. Patient complains of occasional neck pain, and pain, numbness and tingling going down left upper extremity from shoulder down to hand and fingers. Injury diagnosis of wrist or forearm sprain, strain or contusion. Electrodiagnostic evaluation showed normal EMG and nerve conduction studies of the upper extremity, no evidence of root entrapment or peripheral nerve injury, no acute or chronic denervation, no evidence of carpal tunnel syndrome, pronator teres syndrome, ulnar neuropathy at the wrist or elbow, radial neuropathy, brachial plexopathy or cervical radiculopathy. At issue is decision for cortisone injection to the right carpal tunnel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection right carpal tunnel: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 270.

Decision rationale: According to Occupational Medicine Practice Guideline, (page 265 and 270) the initial treatment of mild Carpal Tunnel Syndrome (CTS) is splinting. When treating with a splint in CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night, and may be used during the day, depending upon activity. Outcomes from carpal tunnel surgery justify prompt referral for surgery in moderate to severe cases, though evidence suggests that there is rarely a need for emergent referral. Thus, surgery should usually be delayed until a definitive diagnosis of CTS is made by history, physical examination, and possibly electrodiagnostic studies. Symptomatic relief from a cortisone/ anesthetic injection will facilitate the diagnosis; however, the benefit from these injections is short-lived. Trigger finger, if significantly symptomatic, is probably best treated with a cortisone/anesthetic injection at first encounter, with hand surgery referral if symptoms persist after two injections by the primary care or occupational medicine provider. Occupational Medicine Practice Guidelines supports cortisone injections for carpal tunnel syndrome. The EMG/NCV results show no evidence of left carpal tunnel syndrome, and the documentation notes that the symptoms are worse on the left due to left wrist dequivain tenosynovitis, there was no EMG/NCV right wrist. There is no documentation of right carpal tunnel, and thus medical necessity of a cortisone injection is not supported