

Case Number:	CM13-0028015		
Date Assigned:	11/22/2013	Date of Injury:	03/15/2011
Decision Date:	01/22/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/23/2013

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 Family Practice, 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:

The patient is a 51-year-old female with a reported date of injury on 03/15/2011. The patient presented with right elbow pain and stiffness, numbness and tingling in the right wrist, numbness in the right middle finger, an electrodiagnostic study indicating right carpal tunnel syndrome, and positive Phalen's and a positive Tinel's. The patient had diagnoses including right elbow medial and lateral epicondylitis, tendonitis, and carpal tunnel syndrome. The physician's treatment plan included a request for a right sided carpal tunnel injection with ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sided carpal tunnel injection with ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-266.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273 & 265-266.

Decision rationale: The California MTUS guidelines do not specifically address carpal tunnel injections. ACOEM states most invasive techniques, such as needle acupuncture and injection procedures, have insufficient high quality evidence to support their use. The exception is corticosteroid injection about the tendon sheaths or, possibly, the carpal tunnel in cases resistant

to conservative therapy for eight to twelve weeks. For optimal care, a clinician may always try conservative methods before considering an injection. ACOEM recommends injection of corticosteroids into the carpal tunnel in mild or moderate cases of CTS after trial of splinting and medication. ACOEM notes repeated or frequent injection of corticosteroids into carpal tunnel, tendon sheaths, ganglia, etc. are not recommended. Within the provided documentation, the requesting physician did not include adequate documentation that the patient has recently undergone adequate conservative care prior to the request for an injection. Additionally, the requesting physician did not include documentation of significant objective functional limitations in the right wrist. Therefore, the request for right sided carpal tunnel injection with ultrasound guidance is neither medically necessary nor appropriate.