

Case Number:	CM13-0041581		
Date Assigned:	12/20/2013	Date of Injury:	07/01/2013
Decision Date:	03/10/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/14/2013

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 Physical Medicine and Rehabilitation has a subspecialty in Pain Management 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 patient is 59-year-old with date of injury from 07/01/2013. This patient's diagnostic impression per 09/13/2013 report by [REDACTED] is carpal tunnel syndrome, left side, trigger finger, left 3rd digit, and pronator teres syndrome. The patient's presenting symptoms are intermittent to frequent throb in the shoulder, left hand, and arm pain with moderate to severe intensity. Pain is described as throbbing as opposed to right constant throbbing pain and pain exacerbates with head turning, lifting, reaching, repetitive arm rotation, and constant usage with hand and arm during the course of employment. The patient still has triggering to both middle fingers. Examination was significant for weakness with okay sign on the left thumb. Tinel's was positive on both right elbow and wrist, and this report treatment plan was for pain management program, physical therapy three times per week. There is another report from 07/25/2013, but this is handwritten and not legible. The treatment discussion appears to read PT (physical therapy) 3 times a week, pain management, EMG (electromyogram), and MRI. Request for authorization is dated 09/27/2013 with a signature and this is for "median nerve block injections."

IMR ISSUES, DECISIONS AND RATIONALES

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

One median nerve block injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 263. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Chapter.

Decision rationale: This patient presents with bilateral upper extremity symptoms including the neck, shoulder, and wrists/hands. Given diagnosis is bilateral carpal tunnel syndrome. There is a request for medial nerve blocks per request for authorization dated 09/27/2013. This request was denied by utilization review letter, 10/04/2013, stating that there was no clinical indication for carpal tunnel syndrome and no detailed hand examination findings. The Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines states that corticosteroid injections for carpal tunnel in cases resistant to conservative therapy can be tried. The Official Disability Guidelines also recommend "a single injection as an option and conservative treatment" for carpal tunnel syndrome. Review of the reports show that the patient has adequately documented carpal tunnel syndrome with positive Tinel's, symptom location in the wrist and hand. The request for one median nerve block injection is not medically necessary or appropriate.