

Case Number:	CM13-0042427		
Date Assigned:	12/27/2013	Date of Injury:	03/17/2000
Decision Date:	05/22/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/17/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 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/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 injured worker is a 61-year-old male who reported an injury on 03/17/2000 due to repetitive trauma while performing normal job duties. The injured worker's treatment history included activity modifications, medications, bracing, and physical therapy. The injured worker has a history significant for bilateral carpal tunnel release. The injured worker was evaluated on 08/22/2013. It was documented that the prescribing physician at that time would proceed with providing the patient with radial nerve blocks to assist with pain control that would facilitate physical therapy and decrease numbness to the right hand and wrist area. The injured worker was evaluated on 09/21/2013. Physical findings included tenderness of the volar aspect of the right wrist and hand with atrophy of the thenar muscle, positive compression test, a positive Tinel's test, and a positive Phalen's test of the right wrist. Similar findings were documented for the left wrist. The injured worker's diagnoses included bilateral carpal tunnel syndrome and mononeuritis of the arm. The injured worker's treatment plan at that time included a left wrist MRI, nighttime left wrist bracing, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL CARPAL TUNNEL INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

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

Decision rationale: The American College of Occupational and Environmental Medicine recommends corticosteroid injections for mild to moderate cases of carpal tunnel syndrome after a trial of splinting and medications. It is unclear what type of conservative treatments the injured worker has received postsurgically. Therefore, the appropriateness of corticosteroid injections cannot be determined. Additionally, it is documented that the injured worker underwent median nerve block. The results of that block were not provided. As such, the requested bilateral carpal tunnel injection is not medically necessary or appropriate.