

Case Number:	CM13-0053782		
Date Assigned:	04/09/2014	Date of Injury:	10/06/2012
Decision Date:	05/23/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/18/2013

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for carpal tunnel syndrome reportedly associated with an industrial injury of March 6, 2012. Thus far, the applicant has been treated with analgesic medications, electrodiagnostic testing of the right upper extremity, notable for right-sided carpal tunnel syndrome and cubital tunnel syndrome, transfer of care to and from various providers in various specialties and extensive periods of time off of work. In a utilization review report of October 31, 2013, the claims administrator denied a request for an ultrasound-guided wrist corticosteroid injection, presumably for carpal tunnel syndrome. The claims administrator cited ODG Diagnostic Ultrasound Guidelines, which do recommend diagnostic ultrasound for detecting tendon injury and/or allow for easy visualization of the ulnar nerve. An earlier note of April 15, 2013 was notable for comments that the applicant is off of work, on total temporary disability. On June 17, 2013, the applicant was described as status post earlier right carpal tunnel decompression surgery, unsuccessful. Voltaren, Tylenol No. 3, and electrodiagnostic testing were endorsed while the applicant was placed off of work, on total temporary disability. On March 28, 2014, the attending provider described the applicant as off of work, on total temporary disability. The applicant was status post right ulnar nerve decompression within the Guyon's canal and ulnar nerve decompression within the cubital tunnel on February 12, 2014; it was stated, at that point. In an October 10, 2013 progress note, the applicant's primary treating provider stated that the applicant carried a primary diagnosis of persistent right-sided cubital tunnel syndrome. An elbow cubital tunnel corticosteroid injection was apparently performed under ultrasonic guidance. On October 17, 2013, the attending provider sought an ultrasound-guided needle placement about the right wrist through a request for authorization form. No clinical progress notes were attached to this request for authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRASOUND GUIDED NEEDLE PLACEMENT FOR THE RIGHT WRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

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

Decision rationale: While the California MTUS Guideline in ACOEM Chapter 11, page 265 does support corticosteroid injections about the carpal tunnel in cases resistant to conservative therapy for eight to twelve weeks, in this case, however, the attending provider did not clearly state what sort of injection was being performed which required associated ultrasound guidance. No clinical progress notes were attached to the request for authorization. It appears, based on the history provided, that the applicant underwent an ultrasound-guided elbow cubital tunnel corticosteroid injection, subsequent wrist Guyon's canal surgery, and a cubital tunnel release surgery. While the American Journal of Physical Medicine & Rehabilitation does seemingly suggest that ultrasound-guided steroid injections for carpal tunnel syndrome may be more effective than blind injections in carpal tunnel syndrome, in this case, again, the attending provider did not state what the purpose of the ultrasound-guided needle placement was here. It was not clear what form of injection was being proposed along with the ultrasound-guided needle placement. Therefore, the request remains not medically necessary, on Independent Medical Review.