MAXIMUS Federal Services

Case Number:	CM13-0057602		
Date Assigned:	12/30/2013	Date of Injury:	11/17/2008
Decision Date:	03/24/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/25/2013

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 Interventional Spine, 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 female with a date of injury of 11/17/2008. The listed diagnoses per [redacted] dated 12/05/2013 are: 1) History of right carpal tunnel decompression 2009; 2) History of redo right carpal tunnel decompression with release of the first dorsal compartment, 2011; 3) Persistent right median neuritis with lunar neuropathy and tenosynovitis of the right thumb; 4) Left carpal tunnel syndrome with ulnar neuritis. According to a report dated 12/5/2013 by [redacted], the patient presented with continued right-sided extremity pain with associated tingling and numbness in the finger of the right hand. The patient also has chronic pain involving the left wrist and elbow with tingling and numbness in the fingers. Examination showed tenderness remains over both carpal tunnels. Additional tenderness involving the cubital tunnels was noted. Tinel and Phalen signs are clearly positive on the left as is Tinel sign over the cubital tunnel. Tinel and Phalen signs also positive over the right side as well. AME report dated 09/17/2013 states [redacted] has released her as having reached MMR on 07/08/2013."

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexamethasone injection #2: 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. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The patient presents with chronic bilateral wrist symptoms. The treater is requesting "Dexamethasone #2 left carpal tunnel." The ACOEM Guidelines state, "Most invasive techniques, such as needle acupuncture and injection procedures, have insufficient high quality evidence to support their use." The Official Disability Guidelines state the following: "Recommend a single injection as an option in conservative treatment." For repeat Injections, "a single injection is recommended. Additional injections are only recommended on a case-to-case basis. Repeat injections are only recommended if there is evidence that a patient who has responded to a first injection is unable to undertake a more definitive surgical procedure at that time." The treater in his progress report dated 12/05/2013 does not discuss the results of any prior injections. However, an AME report dated 09/17/2013 states "the patient had cortisone injections within the last year to both hands. She had some temporary relief of symptoms for up to a week." The report goes on to state that recommendation is for patient to be re-evaluated to decide whether further surgery is warranted. This patient is a possible surgical candidate and further injections are not warranted at this time. Therefore the request is not medically necessary and appropriate.

Dexamethasone injection #3 repeated to the right cubital 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. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The patient presents with chronic bilateral wrist symptoms. The treater is requesting "Dexamethasone #2 left carpal tunnel." The ACOEM Guidelines state, "Most invasive techniques, such as needle acupuncture and injection procedures, have insufficient high quality evidence to support their use." The Official Disability Guidelines state the following: "Recommend a single injection as an option in conservative treatment." For repeat Injections, "a single injection is recommended. Additional injections are only recommended on a case-to-case basis. Repeat injections are only recommended if there is evidence that a patient who has responded to a first injection is unable to undertake a more definitive surgical procedure at that time." The treater in his progress report dated 12/05/2013 does not discuss the results of any prior injections. However, an AME report dated 09/17/2013 states "the patient had cortisone injections within the last year to both hands. She had some temporary relief of symptoms for up to a week." The report goes on to state that recommendation is for patient to be re-evaluated to decide whether further surgery is warranted. This patient is a possible surgical candidate and further injections are not warranted at this time. Therefore the request for repeated Dexamethasone injection #3 repeated to the right cubital tunnel is not medically necessary and appropriate.