

Case Number:	CM13-0057899		
Date Assigned:	03/03/2014	Date of Injury:	01/28/2003
Decision Date:	05/05/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/25/2013

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 Orthopedic and Hand Surgery and is licensed to practice in Texas. 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 67-year-old female who reported an injury on 01/28/2003. The mechanism of injury was not provided for review. The injured worker was evaluated in 04/2013. It was documented that she had 8/10 pain with a positive right-sided Finklestein's test. The injured worker's diagnoses included chronic bilateral carpal tunnel syndrome and right De Quervain's tendinitis. A treatment recommendation was made for a corticosteroid injection for therapeutic purposes for the left hand and a request was made for a new right thumb splint to immobilize the thumb and wrist. The injured worker was again evaluated in 12/2013. Physical findings included a positive Finklestein's maneuver bilaterally, a positive Phalen's maneuver bilaterally. The injured worker's diagnoses remained unchanged. A request was made for an electromyography and nerve conduction study to assess the extent of carpal tunnel syndrome. The request was also made for a bilateral carpal tunnel Lidocaine and steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT CARPAL TUNNEL LIDOCAINE AND STEROID INJECTION, AS AN OUTPATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

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

Decision rationale: The requested left carpal tunnel Lidocaine and steroid injection as an outpatient is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine do support the use of corticosteroid injections for injured workers who have failed to respond to immobilization through splinting and medications. The clinical documentation does indicate that in 04/2013 a request was made for a splint. Additionally, the clinical documentation does support the injured worker has poorly controlled symptoms with medications. However, in 04/2013 the injured worker's treatment plan included a left carpal tunnel Lidocaine and steroid injection. The efficacy of that injection was not addressed within the documentation. Therefore, the need for an additional injection to the left wrist cannot be determined. As such, the requested carpal tunnel Lidocaine and steroid injection as an outpatient is not medically necessary or appropriate.