

Case Number:	CM13-0061388		
Date Assigned:	12/30/2013	Date of Injury:	03/15/2007
Decision Date:	05/21/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/03/2013

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 Neurology 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 (IW) reports pain in the left wrist that developed over time, spanning from 3/15/2007 to 08/06/2008. (Documentation reports injury as occurring 3/15/2007 but offers no details with regard to the nature or mechanism of injury.) The IW describes the left wrist pain as constant with burning, numbness, stiffness and weakness. Examination of the left wrist reveals tenderness to palpation and spasm with a reported positive Phalen's and Tinel's test. No electrodiagnostic studies (EMG) have been provided in the records reviewed, but a left carpal tunnel release surgery was reported by the UR physician as having occurred 10/15/07 citing a progress note dated 10/01/09. The IW has been treated with pain medications and NSAID's yielding only temporary relief. A previous request for steroid injection of the left wrist was non-certified by the above referenced physician on 11/19/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT WRIST STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 271-273.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 11, Forearm, Wrist And Hand Complaints, Summary of Recommendations and Evidence Page(s):.

Decision rationale: In this case, left wrist pain is the primary complaint, and a diagnosis of Carpal Tunnel Syndrome is cited. The MTUS reference to ACOEM guidelines indicate that steroid injections for Carpal Tunnel syndrome are recommended after a trial of splinting and medications, and then as a conservative approach before performing a nerve release procedure. A carpal tunnel release procedure on the same arm presenting with chronic wrist pain has reportedly already been performed. Other than the prescription of pain-relieving medication and NSAIDs, the clinical documentation provided does not indicate other guideline-recommended pain-abating measures such as splinting or therapy, nor have there been any imaging nor electrodiagnostic studies (i.e., nerve conduction nor electromyogram) performed to better diagnose the pathology of the wrist pain. Based on the documentation and diagnosis as provided, and a review of the MTUS guidelines, the requested steroid injection for the left wrist is not medically necessary or appropriate.