

Case Number:	CM13-0063741		
Date Assigned:	12/30/2013	Date of Injury:	05/05/2010
Decision Date:	05/23/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/10/2013

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 Orthopedic Surgery, and is licensed to practice in Pennsylvania. 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 claimant is a 31-year-old female injured in a work-related accident on May 5, 2010. A clinical assessment dated October 28, 2013, with [REDACTED] documented a medical history of left-sided neck pain, radiating left upper extremity pain and weakness to the shoulder and the hand. The report states the claimant also has a diagnosis of carpal tunnel syndrome that has been treated in the past with injections. The claimant specifically requested repeat injections to the left carpal tunnel and the left shoulder at that time. Physical examination showed positive Tinel's and Phalen's testing with full range of motion of the wrist. The working diagnosis was recurrent left carpal tunnel syndrome. A dexamethasone injection to the left carpal tunnel was recommended for further treatment. Records indicate previous injections occurred in May 2013. The records note that the claimant underwent a prior open left carpal tunnel release in April 2008. This request is for a dexamethasone injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

DEXAMETHASONE INJECTION 2 L CARPAN TUNNEL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)--TREATMENT IN WORKERS COMP (TWC) CARPAL TUNNEL SYNDROME PROCEDURE SUMMARY.

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 (ODG)--TREATMENT IN WORKERS COMP (TWC), 18TH EDITION, (2014 UPDATES: CHAPTER CARPAL TUNNEL SYNDROME, INJECTIONS.

Decision rationale: The California ACOEM Guidelines support the role of isolated corticosteroid injection to the tendon sheath in situations where carpal tunnel has been recalcitrant to care for greater than eight to 12 weeks. Records in this case, however, indicate the claimant has already undergone a corticosteroid injection procedure. The role of multiple injections or recurrent injections is not supported by the Official Disability Guidelines. In this case, the request for repeat injection six years following the initial carpal tunnel release procedure would not be indicated.