

Case Number:	CM13-0067330		
Date Assigned:	01/03/2014	Date of Injury:	09/20/2011
Decision Date:	12/31/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/11/2013

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 Surgery 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 is a 52-year-old with a date of injury of September 20, 2011. The mechanism of injury was a repetitive motion while scanning merchandise in 2011 both wrists and hands. The claimant is status post right carpal tunnel decompression. Electromyography (EMG) studies on February 2, 2012 disclose mild to moderate right greater than left carpal tunnel syndrome. Exam noted October 25, 2013 states that the right hand is more stable than the left with electrodiagnostic testing stated there is no evidence to suggest residual symptoms are current. A request was made for a steroid injection on the right elbow in surgical consultation for either repeat right-sided decompression and/or the left-sided decompression of the carpal tunnel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Steroid Injection around the Right Elbow: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow section, Injections

Decision rationale: The California MTUS/ACOEM is silent on the issue of steroid injection around the right elbow. According to the Official Disability Guidelines, Elbow section, Injections (corticosteroid) are not recommended as a routine intervention for epicondylitis, based on recent research. In the past a single injection was suggested as a possibility for short-term pain relief in cases of severe pain from epicondylitis, but beneficial effects persist only for a short time, and the long-term outcome could be poor. The significant short-term benefits of corticosteroid injection are paradoxically reversed after six weeks, with high recurrence rates, implying that this treatment should be used with caution in the management of tennis elbow. As the guidelines do not support steroid injections about the elbow, this request is not medically necessary.

Surgical Consultation for Either Repeat Right Sided Decompression And/or New Left Sided Decompression of Her Carpal 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): 270.

Decision rationale: Per the California MTUS/ACOEM guidelines, Chapter 11, Forearm, Wrist and Hand Complaints, page 270, Referral for hand surgery consultation may be indicated for patients who:- Have red flags of a serious nature- Fail to respond to conservative management, including worksite modifications- Have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits and, especially, expectations are very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may aid in formulating a treatment plan. In this case the exam note from 10/25/13 does not demonstrate any evidence of red flag condition or clear lesion shown to benefit from surgical intervention. Therefore, this request is not medically necessary.