

Case Number:	CM13-0071514		
Date Assigned:	01/08/2014	Date of Injury:	10/19/2011
Decision Date:	04/25/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/27/2013

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 Georgia and 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 patient is a 49-year-old female who reported an injury on 10/19/2011. The mechanism of injury was a repetitive injury. The patient had electrodiagnostics on 12/04/2013, which revealed the patient had chronic median neuropathies at the wrist, with 60% left motor axonal loss, electrophysiologic evidence of bilateral chronic ulnar mononeuropathies at the elbows with 40% right ulnar motor axonal loss, and electrophysiologic evidence minimally suggestive of left C7 chronic radiculopathy. Physical examination of 12/12/2013 revealed the patient had pain and numbness in the right ulnar digits, and the left-sided pain went from the elbows toward the shoulder. On the right, the patient had a positive Tinel's at the elbow, but not at the wrist. On the left, the patient had a negative Tinel's at both the elbow and the wrist, but the test caused pain in the wrist. The patient's diagnoses included lateral epicondylitis. It was opined although the patient did not seem to have right carpal tunnel syndrome, despite nerve conduction study findings, the patient may have some variation of left carpal tunnel syndrome. The request was made for an injection to the left carpal tunnel as diagnostic and possibly therapeutic intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

A CORTISONE INJECTION OF THE LEFT CARPAL TUNNEL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264.

Decision rationale: ACOEM Guidelines indicate that a patient can have a trial of an injection of corticosteroids into the carpal tunnel in mild or moderate cases of carpal tunnel syndrome, after a trial of splinting and medication. The clinical documentation submitted for review failed to indicate the patient had a trial of splinting and medication. There was a lack of documentation of objective findings of carpal tunnel syndrome. Given the above, the request for cortisone injection of the left carpal tunnel is not medically necessary.