

Case Number:	CM14-0001996		
Date Assigned:	01/24/2014	Date of Injury:	05/23/2011
Decision Date:	06/23/2014	UR Denial Date:	11/30/2013
Priority:	Standard	Application Received:	01/03/2014

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 Occupational Medicine, 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 patient is a 36-year-old female who has submitted a claim for Right Carpal Tunnel Syndrome, Status Post Two Injections, with Negative Nerve Conduction Study; Rule out Left Carpal Tunnel Syndrome, Status Post One Injection, with Negative Nerve Conduction Study; Right De Quervain's Rule Out Left De Quervain's; and Rule out Bilateral Cubital Tunnel Syndrome, associated with an industrial injury date of May 23, 2011. Medical records from 2013 were reviewed, which showed that the patient complained of hand pain radiating from the thumb into the wrist and elbow and occasionally up to the shoulder. She also complained of numbness, tingling, and weakness. On physical examination, range of motion of the elbows, forearms, wrists, and digits were within normal limits. The ulnar nerves bilaterally within the cubital tunnels were tender but did not sublux. Elbow flexion test on the left was positive. There was no ulnar intrinsic atrophy or weakness. Carpal tunnel compression and Phalen's tests were positive bilaterally. Tinel's sign was negative. There was mild thenar atrophy and weakness bilaterally. The right index and ring finger A1 pulleys were slightly tender. Finkelstein's maneuver was positive on the left. Treatment to date has included medications, physical therapy, home exercise program, carpal tunnel splints, right carpal tunnel injections, and left carpal tunnel injection (July 26, 2013). Utilization review from November 27, 2013 denied the request for left wrist carpal tunnel injection because the requested surgery was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT WRIST CARPAL TUNNEL INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter, Injections

Decision rationale: CA MTUS does not specifically address carpal tunnel injections. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG recommends a single injection as an option in conservative management. Repeat injections are only recommended if there is evidence that a patient who has responded to a first injection is unable to undertake a more definitive surgical procedure at that time. In this case, the patient underwent left carpal tunnel injection on July 26, 2013 with adequate response. However, there was no discussion regarding inability to undergo a more definitive surgical procedure for the patient's signs and symptoms; there was presence of mild thenar atrophy and weakness bilaterally as well as positive compression test and Phalen's test bilaterally. The request for a left wrist carpal tunnel injection is not medically necessary or appropriate.