

<b>Case Number:</b>	CM14-0006310		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	05/30/2013
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 51 year-old male who has filed a claim for shoulder and upper arm sprain associated with an industrial injury date of May 30, 2013. Review of progress notes reports right shoulder pain, and right elbow and wrist pain radiating into the third and fourth fingers. Patient also developed constant numbness of the right middle finger. Findings include decreased range of motion of the right shoulder with crepitus and impingement signs. Regarding the right upper extremity, findings include positive Tinel's sign at the elbow, and constant sensory loss at the right third and fourth digits with positive Phalen's sign. Ultrasound of the shoulders from September 28, 2013 showed right partial thickness supraspinatus tear. Treatment to date has included NSAIDs, opioids, muscle relaxants, physical therapy, and home exercises. Utilization review from January 10, 2014 denied the request for ultrasound-guided right wrist carpal tunnel injection, as the outcome of the trial of splinting should be assessed first.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 ULTRA-SOUND GUIDED RIGHT WRIST CARPAL TUNNEL INJECTION: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, carpal tunnel injections are recommended as an option in conservative treatment, providing short-term benefit. Carpal tunnel syndrome may be treated initially with a night splint and medications, except in severe cases with thenar muscle atrophy and constant paresthesias in the median-innervated digits. This patient presents with findings consistent with cubital tunnel and carpal tunnel syndrome. Utilization review from January 10, 2014 mentions that patient was given an arm and wrist splint. There is no documentation regarding the outcome of splinting on both cubital tunnel and carpal tunnel symptoms at this time to warrant an injection. Therefore, the request for ultrasound guided right wrist carpal tunnel injection was not medically necessary.