

Case Number:	CM14-0009057		
Date Assigned:	01/29/2014	Date of Injury:	05/23/2011
Decision Date:	06/20/2014	UR Denial Date:	11/27/2013
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 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 36-year-old female who reported an injury on 05/23/2011 due to cumulative trauma while performing normal job duties. The injured worker's treatment history included nighttime splinting, medications and 2 corticosteroid injections. The injured worker was evaluated on 11/05/2013. Physical findings included a positive carpal tunnel compression test bilaterally, a positive Phalen's test bilaterally and tenderness to palpation of the first dorsal compartment of the right side. The injured worker had a positive Finkelstein's test bilaterally with mildly tender ulnar nerves. It was documented that the injured worker previously received 70% improvement with a right corticosteroid injection, however, not as much improvement with a left-sided corticosteroid injection. The injured worker's diagnoses included right DeQuervain's tenosynovitis and bilateral carpal tunnel syndrome. The request was made for a left wrist carpal tunnel injection.

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: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

Decision rationale: The ACOEM Guidelines does not recommend repeated or frequent corticosteroid injections of the carpal tunnel compartment. It is noted within the documentation that the injured worker had already undergone at least 1 left-sided corticosteroid injection of the carpal tunnel compartment that did not provide significant relief; therefore, an additional repeated injection would not be supported. As such, the requested left wrist carpal tunnel injection is not medically necessary and appropriate.