

Case Number:	CM14-0107857		
Date Assigned:	08/01/2014	Date of Injury:	06/02/2003
Decision Date:	09/19/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/11/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 56 year old female who reported an injury on 06/02/2003. The mechanism of injury was not stated in the records. The diagnoses include carpal tunnel syndrome. The past treatment included pain medication, physical therapy, and cortisone injection to the right wrist with 60-70% decrease in pain on 10/07/2013. There were no diagnostics provided in the records. The notes document the injured worker had four carpal tunnel surgeries in the past. On 04/03/2014, the subjective complaints include right wrist numbness and tingling that extends to the finger tips. The physical examination revealed a positive Tinel's on the right, right diminished sensation in three medial fingers and radiation of median nerve pain in to hand/fingers. The medications included Neurontin and Nabumentone. The plan was to have a repeat cortisone injection to the right wrist due to excellent results from previous injection. The request for authorization form is dated on 06/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right carpal tunnel cortisone injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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, Injections.

Decision rationale: The request for right carpal tunnel cortisone injection is not medically necessary. The Official Disability Guidelines state that 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. While it was noted the injured worker had 60%-70% relief from previous injection on 10/17/2013 there was no documentation as to if the injured worker was unable to undertake surgery. Since there was no documentation as to if the injured worker was unable to undertake surgery the request is not medically necessary.

Evaluate and treat, for six (6) months, follow-up treatment plan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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, Office visits.

Decision rationale: The request decision for evaluate and treat, for six (6) months, follow up treatment plan is not medically necessary. The Official Disability Guidelines recommend office visits to be medically necessary, however the request is not clear on the number of office visits that are being requested. Additionally, as the need for office visits is based on clinical presentation and the treatment plan, the necessity of future visits cannot be determined. As such, the request is not medically necessary.