MAXIMUS Federal Services

Case Number:	CM14-0109304		
Date Assigned:	09/16/2014	Date of Injury:	08/02/2003
Decision Date:	10/15/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/14/2014

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 & Rehabilitaion and Pain Management has a subspecialty in Interventional Spine 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 50 year old female with the injury of 06/02/2003. The list of diagnosis per [redacted] from 06/13/ 2014 is Carpal Tunnel Syndrome. According to this report, the patient complains of radiating pain with numbness and tingling to the tips of her fingers. There is a flare of the right median nerve neuropathic pain and forearm/wrist swelling and pain aggravated by all hand activities. The provider states that an intermittent cortisone injection done by [redacted] has helped a lot for flares of the median nerve, the date of this injection was not noted. The objective findings show 2+ synovitis of the wrist flexors. Range of motion is normal but causes significant pain. Moderate bony tenderness was noted on the wrist. Diminished strength of the flexors and extensors. Sensations in the 3 medial fingers, right greater than the left, is diminished. Tinel's sign is significantly positive on the right with swelling over the volar wrist scar with radiation of the median nerve pain into the hands and fingers. The utilization review denied the request on 06/16/2014.

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: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following

Decision rationale: This patient presents with bilateral wrist pain. The provider is requesting a Right Carpal Tunnel Cortisone Injection. The ACOEM guidelines page 265 under Physical methods states,"Most invasive techniques such as needle acupuncture and injection procedures, have insufficient high-quality evidence to support their use. The exception is cortisone injection about the tendon sheaths, or possibly, the carpal tunnel in cases resistant to conservative therapy for 8 to 12 weeks." ODG guidelines recommend a single injection as an option for conservative treatment. And repeat injections are only recommended if there is evidence that the patient who has responded to the 1st injection is unable to undertake a more definitive surgical procedure. The 06/02/2014 report notes that the patient received right carpal tunnel cortisone injection 7 months ago with excellent relief. The 06/13/2014 report notes that the patient has a history of failed surgery to both wrists. In this case, the patient reports excellent relief from a prior carpal tunnel injection and it appears that surgery is no longer an option for this patient due to multiple failed surgeries. Right Carpal Tunnel Cortisone Injection is medically necessary and appropriate.