

Case Number:	CM14-0018576		
Date Assigned:	04/18/2014	Date of Injury:	04/08/2013
Decision Date:	06/30/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/13/2014

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 claimant is a 47-year-old female who sustained an injury to the right upper extremity on April 8, 2013. According to the available records, the claimant has prior history of a 2010 DeQuervain's release. Electrodiagnostic studies dated December 16, 2013, were noted to be normal. A PR2 report dated January 2, 2014, documented subjective complaints of numbness with tingling in a median nerve distribution to the right hand and weakness with grip strength. Physical examination showed positive Phalen's, Tinel's and Finkelstein's tests to the right upper extremity, as well as point tenderness over the first dorsal extensor compartment. There is no documentation of recent treatment noted. Given the diagnoses of DeQuervain's tenosynovitis and carpal tunnel syndrome, this request is for ultrasound-guided injections to the first dorsal extensor compartment and the carpal tunnel.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT CARPAL TUNNEL AND RIGHT DE QUERVAIN'S CORTISONE INJECTION UNDER ULTRASOUND GUIDANCE IN HOUSE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, 11: FOREARM, WRIST AND HAND, 272

Decision rationale: The California American College of Occupational and Environmental Medicine (ACOEM) Guidelines do not support the use of ultrasound-guided injections to the tendon sheath of the carpal tunnel for this claimant. According to ACOEM Guidelines criteria, injections of this nature are recommended when symptoms have been resistant to conservative therapy for eight to 12 weeks. In this case, the available records do not document the required conservative care. In addition, the negative electrodiagnostic studies fail to confirm a diagnosis of carpal tunnel syndrome. In addition, there is a lack of long term, peer reviewed literature to support the use of ultrasound guidance for the requested injections. Given these factors, this request would not be indicated as medically necessary.