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| Case Number: | CM14-0019384 | | |
| Date Assigned: | 04/21/2014 | Date of Injury: | 09/11/2012 |
| Decision Date: | 07/02/2014 | UR Denial Date: | 01/14/2014 |
| Priority: | Standard | Application Received: | 02/14/2014 |

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 & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 49 year old female who reported an injury on 09/11/2012 while lifting a mattress. The clinical note dated 02/11/2014 reported the injured worker complained of bilateral elbow pain with numbness and tingling bilateral upper extremities. The injured worker had been treated with injections of elbows, physical therapy, and medication. The injured worker reported intermittent numbness and tingling into the right ring, middle and index finger, and left middle and ring fingers. The injured worker had continued pain in both elbows and wrists. The physical exam noted positive tenderness over the medial epicondyle bilaterally. The provider also noted a positive Tinel's over the cubital tunnel bilaterally with a positive Tinel's at the canal of guyon, bilaterally. The provider also noted a positive flexion test, motor muscle testing 5/5 to all muscle groups. The request for authorization for retrospective left wrist tendon injection with dep-medrol and Marcaine on 11/20/2013 was provided and submitted on 10/07/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE LEFT WRIST TENDON INJECTION WITH DEPO-MEDROL AND MARCAINE DOS: 11/20/13: Upheld

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

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

Decision rationale: The request for retrospective left wrist tendon injection with dep-medrol and Marcaine on 11/20/2013 is not medically necessary. The injured worker complained of bilateral elbow pain with numbness and tingling bilateral upper extremities. The injured worker had been treated with injections of elbows, physical therapy, and medication. The injured worker reported intermittent numbness and tingling into the right ring, middle and index finger, and left middle and ring fingers. The injured worker had continued pain in both elbows and wrists. The American College of Occupation and Environmental Medicine do recommend corticosteroid injection into the carpal tunnel in mild or moderate cases of carpal tunnel syndrome after a trial of splinting and medication. The guidelines also note initial injection into the tendon sheath for clearly diagnosed cases of DeQuervains syndrome, tenosynovitis or trigger finger. Repeated or frequent injections not recommended. However the Official Disability Guidelines recommend a single injection as an option in conservative treatment. Corticosteroid injections will likely produce significant short-term benefit, but many patients will experience a recurrence of symptoms within several months after injections. The guidelines also note Carpal tunnel syndrome may be treated initially with a night splint and medications before injection is considered, except in the case of severe carpal tunnel syndrome. There is lack of documentation indicating the injured worker to have had a trial of splinting for the carpal tunnel syndrome prior to the injections. Therefore, the request for retrospective left wrist tendon injection with dep-medrol and Marcaine on 11/20/2013 is not medically necessary.