MAXIMUS Federal Services

Case Number:	CM14-0111090		
Date Assigned:	08/01/2014	Date of Injury:	07/29/2013
Decision Date:	09/09/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/16/2014

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 45-year-old female who reported a slip and fall on 07/29/2013. On 06/27/2014, her complaints included chronic wrist pain with numbness and tingling that radiated proximally. She rated the pain as 5/10. She reported that the symptoms are exacerbated by use of her right hand gripping or lifting, and alleviated by rest. Her diagnoses included right de Quervain's tenosynovitis, right lateral epicondylitis, right flexor tenosynovitis, right wrist osteoarthritis, and right triangular fibrocartilage complex tear. A right wrist MRI of 02/26/2014 revealed a full-thickness perforation through the radial attachment of the articular disc of the triangular fibrocartilage complex. Electrodiagnostic studies on 09/12/2013 and 05/01/2014 revealed evidence of right carpal tunnel syndrome with moderate severity, without evidence of ulnar neuropathy. On 03/28/2014, she received a subfascial injection of the right wrist and finger flexors. On 04/29/2014, she reported that she had gotten relief in the thumb and radial wrist from the injection, but still had pain in the volar and ulnar aspects of the wrist and along the wrist flexors. At that time, she rated her pain as 9/10. There was no rationale include in this worker's chart. The Request for Authorization dated 03/11/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right wrist carpal tunnel injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Pain.

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 wrist carpal tunnel injection is non-certified. The Official Disability Guidelines recommend a single injection as an option in conservative treatment. Corticosteroid injections would likely produce significant short-term benefit, but many patients will experience a recurrence of symptoms within several months after the injection. Carpal tunnel syndrome may be treated initially with night splints and medications before injection is considered. 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. There is no documentation of failure of conservative treatment for this worker, with medications or therapy. She had 1 injection on 03/28/2014. As per the guidelines, a repeat injection is not warranted and there was no indication that she was not a surgical candidate. Additionally, the request did not state what the injection contained, which side of the wrist it would be administered to, or that it would be under fluoroscopic guidance. Therefore, this request for right wrist carpal tunnel injection is non-certified.