

Case Number:	CM14-0132775		
Date Assigned:	08/22/2014	Date of Injury:	12/28/2012
Decision Date:	09/23/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/19/2014

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 Occupational Medicine 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:

According to the records made available for review, this is a 24-year-old female with a 12/28/12 date of injury. At the time (7/16/14) of the decision for diagnostic block right wrist, there is documentation of subjective (persistent numbness and shooting pain on the right digits 1 to 5, frequent numbness in the right thumb palmar and near-constant numbness in the right fifth digit which extends to mid-forearm and mid-shaft of the ulnar) and objective (positive Tinel's and numbness to the digits 1 to 3, tenderness to palpation on the flexor tendon) findings. The current diagnoses are rule out right reflex sympathetic dystrophy, elbow medial and lateral epicondylitis with probable cubital tunnel syndrome. The treatment to date includes medication and heel bow splint for right elbow. There is no documentation that the block will be used as an adjunct to facilitate physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic block right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Intravenous regional sympathetic blocks (for RSD/CRPS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, Sympathetic and Epidural Blocks Page(s): 39-40.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of sympathetically mediated pain and blocks used as an adjunct to facilitate physical therapy, as criteria necessary to support the medical necessity of sympathetic and epidural blocks. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that repeated blocks are only recommended if continued improvement is observed. Within the medical information available for review, there is documentation of diagnoses of rule out right reflex sympathetic dystrophy, elbow medial and lateral epicondylitis with probable cubital tunnel syndrome. In addition, there is documentation of rule out right reflex sympathetic dystrophy, elbow medial and lateral epicondylitis with probable cubital tunnel syndrome. However, there is no documentation that the block will be used as an adjunct to facilitate physical therapy. Therefore, based on guidelines and a review of the evidence, the request for diagnostic block right wrist is not medically necessary.