

<b>Case Number:</b>	CM14-0171303		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	07/20/2012
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 Physical Medicine & Rehabilitation, 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 55 year old with an injury date on 7/20/12. Patient complains of persistent right wrist pain with intermittent weakness/numbness/tingling, neck pain with headaches, spasms, and pain along bilateral shoulders per 8/20/14 report. Patient had an EMG study positive for bilateral carpal tunnel syndrome performed on 7/28/14. Based on the 8/20/14 progress report provided by [REDACTED] the diagnoses are: 1. discogenic cervical condition with facet inflammation 2. bilateral shoulder impingement with rotator cuff strain, right > left 3. right wrist inflammation, CMC joint inflammation and carpal tunnel syndrome on the right 4. left wrist inflammation, CMC joint inflammation, this is apparently a part of a different claim of 6/13/135. element of stress, difficulty sleeping related to orthopedic injury which should be a compensable consequence Exam on 8/20/14 showed "pain along right/left wrist, CMC, and first extensor as well as carpal tunnel, shoulder rotator cuff, biceps tendon." No range of motion testing was included in reports. Patient's treatment history includes physical therapy which she did not finish but was helpful, Kinesio tape, wrist brace, medications. [REDACTED] is requesting diagnostic injection - right wrist. The utilization review determination being challenged is dated 9/29/14 and the request is approved. [REDACTED] is the requesting provider, and he provided treatment reports from 4/9/14 to 9/30/14

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic injection- left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264 264. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter CTS, injections

**Decision rationale:** This patient presents with right wrist pain, neck pain, and bilateral shoulder pain. Review of the reports does not show any evidence of wrist injections being done in the past. Regarding wrist injections, ACOEM recommends for patients with mild-to-moderate CTS who opt for conservative treatment. Studies show that corticosteroids may be of greater benefit than non-steroidal anti-inflammatory drugs (NSAIDs), but side effects prevent their general recommendation. Wrist injections of lidocaine and corticosteroids are indicated for tendinitis/tenosynovitis, trigger finger, CTS, and ganglion. ODG guidelines also support corticosteroid injection one time for CTS. In this case, the patient presents with carpal tunnel syndrome of the right wrist confirmed by EMG study. The physician has asked, however, a diagnostic injection. There is no evidence that this patient has had an injection previously. While a straight corticosteroid injection may be reasonable, the request diagnostic injection is not supported per guidelines. The patient already has a diagnosis of CTS. Recommendation is for denial. In this case, the patient presents with carpal tunnel syndrome of the right wrist confirmed by EMG study. The treater has asked, however, a diagnostic injection. There is no evidence that this patient has had an injection previously. While a straight corticosteroid injection may be reasonable, the request diagnostic injection is not supported per guidelines. The patient already has a diagnosis of CTS. Recommendation is for denial.