

<b>Case Number:</b>	CM14-0181092		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	05/24/2011
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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:

Injured worker is a male with date of injury 5/24/2001. Per secondary treating physician's follow up report dated 9/2/2014, the injured worker reports that the injection performed to the right carpal tunnel did result in sustained benefit. He would like a similar injection to his left wrist, which remains symptomatic. On examination there is some tenderness present over both carpal tunnels, but much more so on the left side. The previous tenderness over the right carpal tunnel has decreased considerably with the last injection. Tinel and Phalen signs remain positive bilaterally. There is swelling only on the right side. Diagnoses include 1) status post bilateral carpal tunnel release and release of the first dorsal compartments 2) history of recurrent medial and ulnar neuritis with wrist tendonitis 3) status post redo right carpal tunnel decompression hypothenar fat flap transfer and right cubital tunnel release on 1/27/2011 4) opioid dependence 5) adult onset diabetes mellitus 6) persistent bilateral median neuritis with right ulnar neuropathy at Guyon's canal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Ultrasound guided needle placement and Dexamethasone injection performed on left carpal tunnel and Guyon's canal, date of service 09/02/14:** Overturned

**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): 264, 265.

**Decision rationale:** Per the MTUS Guidelines, most invasive techniques, such as needle acupuncture and injection procedures, have insufficient high quality evidence to support their use. The exception is corticosteroid injection about the tendon sheaths or, possibly, the carpal tunnel in cases resistant to conservative therapy for eight to twelve weeks. For optimal care, a clinician may always try conservative methods before considering an injection. CTS may be treated for four weeks with a splint and medications before injection is considered, except in the case of severe CTS (thenar muscle atrophy and constant paresthesias in the median innervated digits). Symptomatic relief from a cortisone/anesthetic injection will facilitate the diagnosis of CTS; however, the benefit from these injections is short-lived. The injured worker had been approved for a previous injection on 2/3/2014. The injured worker has reported significant improvement in symptoms from this injection. The requesting physician explains that the injured worker previously underwent staged carpal and ulnar nerve decompression as well as redo surgery on the right side. Despite this care, he has remained modestly symptomatic. He continues to have tingling and numbness in the fingers of both hands. On 8/26/2013 he had electrodiagnostic testing that demonstrated ulnar neuropathy at Guyon's canal on the right. The injured worker reports a sustained response to dexamethasone injections and is requesting a similar injection to the left wrist given the benefit he noted after the injection on the right. Medical necessity of this request has been established within the recommendations of the MTUS Guidelines. The request for retrospective Ultrasound guided needle placement and Dexamethasone injection performed on left carpal tunnel and Guyon's canal, date of service 09/02/14 is determined to be medically necessary.