

Case Number:	CM14-0025768		
Date Assigned:	06/20/2014	Date of Injury:	11/01/2002
Decision Date:	07/30/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/28/2014

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 Orthopedic Surgery 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:

This 52-year-old female cook sustained an industrial injury on 11/1/02, relative to cumulative trauma. The patient was status post bilateral carpal tunnel releases that failed requiring re-surgery on 9/9/09 (left) and 3/10/10 (right). The 1/7/14 progress report indicated the patient had bilateral hand and wrist pain with pins and needles over the wrists, index and middle fingers. She was status post left wrist joint injection on 2/13/13 with 70% decrease in left wrist pain and carpal tunnel syndrome. The 2/6/13 right medial nerve block provided 70-75% decrease in right wrist carpal tunnel syndrome. Bilateral wrist pain and carpal tunnel syndrome gradually returned and was now significant and increased with overuse of her hands. Cymbalta and Celebrex provided some relief of pain. Physical exam documented positive bilateral Tinel's sign, diminished sensation over the left medial nerve with dysesthesia bilaterally. Muscle strength was diminished bilaterally at 3/5. The diagnosis was failed bilateral carpal tunnel release status post re-release. The treatment plan recommended topical analgesics, repeat bilateral medial ulnar nerve block and bilateral wrist joint injection to decrease her significant bilateral wrist pain and carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL MEDIAL ULNAR AND RADIAL NERVE BLOCK X1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Carpal Tunnel Syndrome: Injections.

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 California MTUS does not provide recommendations in chronic carpal tunnel syndrome. The Official Disability Guidelines recommend a single injection for carpal tunnel syndrome as an option in conservative treatment. Repeat injections are recommended only on a case-by-case basis. Guidelines recommend repeat injection if there is evidence that a patient who has responded to a first injection is unable to undertake a more definitive surgical procedure. Guideline criteria have been met for a median nerve injection in the management of her bilateral carpal tunnel syndrome status post failed surgeries. There is no clinical documentation to evidence ulnar or radial nerve involvement. The 2/14/14 utilization review modified the request for bilateral medial, ulnar, and radial nerve blocks and approved median nerve blocks. There is no compelling reason to support the medical necessity of ulnar and radial nerve blocks. Therefore, this request for bilateral medial, ulnar, and radial nerve block x1 is not medically necessary.

BILATERAL WRIST INJECTIONS X1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Carpal Tunnel Syndrome: Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and hand, Injections.

Decision rationale: The California MTUS does not provide recommendations in chronic wrist injuries. The Official Disability Guidelines relative to forearm, wrist and hand complaints recommend injections limited to trigger finger and deQuervain's tenosynovitis. Guideline criteria have not been met. There is no documentation of a specific wrist diagnosis or medical rationale to support the medical necessity of a wrist injury. There is no clinical exam findings evidencing wrist pathology. Therefore, this request for bilateral wrist injections x1 is not medically necessary.