

Case Number:	CM14-0032438		
Date Assigned:	04/09/2014	Date of Injury:	11/17/2008
Decision Date:	05/28/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/07/2014

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 Plastic Surgery and is licensed to practice in Maryland. 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 53 year old female with a reported date of injury on 11/17/2008. Documentation from 8/29/13 notes right upper extremity complaints but with a 'compensatory painful left hand with associated numbness, tingling and weakness.' Examination notes tenderness over both carpal tunnels with positive provocative findings. Plan was for Motrin prescription and dexamethasone injection to the left carpal tunnel. Activity restrictions were recommended. Documentation from 9/17/13 notes previous electrodiagnostic studies were performed documenting Left carpal tunnel syndrome. The patient is reported to have undergone previous cortisone injections to both hands over the last 2 years with temporary relief for an approximately 1 week. Medications include Ibuprofen and Terocin topical lotion. The patient reports left hand pain and numbness and tingling that awakens her at night. Tinel's and Phalen's signs are positive on the left upper extremity. Documentation from 9/26/13 notes persistent pain and weakness of both hands. Several weeks of symptom relief from injections noted. Tenderness is noted over both carpal tunnels. Plan is for continued Motrin, Voltaren 1% gel, and 2nd Dexamethasone injection to the left carpal tunnel, along with continued activity modification. Documentation from 10/31/13 notes 'some numbness and tingling' in her left hand that is not as significant as with the right hand. No response to Dexamethasone injection provided. Plan was for continued Motrin, Voltaren 1% gel and activity modification. Utilization review dated 1/16/2014 did not certify Retro Dexamethasone injection Left Carpal tunnel release Ultrasonic guidance. Reasoning given was that 'there is no documentation of failure of conservative therapy including splinting and Physical therapy prior to this request. It is unclear from the documentation provided if the claimant received this injection in the past and the result of any previous injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: DEXAMETHASONE INJECTION LEFT CARPAL TUNNEL RELEASE ULTRASONIC GUIDANCE; 12/5/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273, 270.

Decision rationale: The Expert Reviewer's decision rationale: The patient is noted to have a diagnosis of left carpal tunnel syndrome. She complains of pain, weakness and tingling of the left hand. The patient is noted to have had multiple Dexamethasone injections to the left carpal tunnel (2 since August 2013 and 2 in the prior years). Only response from one was documented which reported a several week improvement. CA MTUS guidelines are specific with respect to cortisone injections. From Table 11-7, 'Repeated or frequent injection of corticosteroids into carpal tunnel...' is not recommended. In addition, splinting is considered a first-line conservative treatment. Splinting of the left wrist/hand has not been documented. Thus, the utilization review was correct in its non-certification of an additional Dexamethasone injection. Since the Dexamethasone injection itself is deemed not medically necessary, the use of ultrasound guidance is also not medically necessary.