

Case Number:	CM14-0033266		
Date Assigned:	06/20/2014	Date of Injury:	08/06/2012
Decision Date:	08/14/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/17/2014

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 Hand Surgery and is licensed to practice in Texas. 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 injured worker is a 54-year-old female who reported an injury on 06/06/2012. The mechanism of injury was not stated. Current diagnoses include left lateral epicondylitis, left medial epicondylitis, left carpal tunnel release, left hand arthritis, right shoulder long head of the biceps tendonitis, and right shoulder impingement syndrome. The latest Physician's Progress Report submitted for this review was dated 10/02/2013. The injured worker reported left palmar incision pain, right shoulder pain, and bilateral elbow pain. The injured worker was status post left carpal tunnel release with residual numbness. Physical examination revealed positive Durkin's testing on the right, positive Tinel's and Finkelstein's testing, normal sensation, and a well healing palmar incision in the left hand with slight erythema. Treatment recommendations at that time included an MRI of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left hand injection for left Quervains tenosynovitis under ultrasound guidance QTY: 1.00:
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); Hand, Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

Decision rationale: California MTUS/ACOEM Practice Guidelines state de Quervain's tendonitis, if not severe, may be treated with a wrist and thumb splint and acetaminophen, then NSAIDs, if tolerated, for 4 weeks before a corticosteroid injection is considered. As per the documentation submitted, the injured worker does not maintain a diagnosis of de Quervain's tendonitis of the left hand. There are no subjective complaints consistent with de Quervain's tendonitis. Based on the clinical information received and the California MTUS/ACOEM Practice Guidelines, the request is not medically necessary.

Left carpal tunnel injection under ultrasound guidance QTY: 1.00: Upheld

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): 265-266.

Decision rationale: California MTUS/ACOEM Practice Guidelines state carpal tunnel syndrome may be treated with a splint and medications before an injection is considered, except in the case of severe carpal tunnel syndrome with thenar muscle atrophy and constant paresthesia. As per the documentation submitted, the injured worker is status post left carpal tunnel release; however, there is no documentation of an exhaustion of conservative treatment to include splinting and medications prior to the request for an injection. Therefore, the injured worker does not meet criteria as outlined by the California MTUS/ACOEM Practice Guidelines. As such, the request is not medically necessary.

Right carpal tunnel injection under ultrasound guidance QTY: 1.00: Upheld

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): 265-266.

Decision rationale: California MTUS/ACOEM Practice Guidelines state carpal tunnel syndrome may be treated with a splint and medications before an injection is considered, except in the case of severe carpal tunnel syndrome with thenar muscle atrophy and constant paresthesia. There is no documentation of an exhaustion of conservative treatment to include splinting and medications prior to the request for an injection. Therefore, the injured worker does not meet criteria as outline by the California MTUS/ACOEM Practice Guidelines. As such, the request is not medically necessary.