

Case Number:	CM14-0040763		
Date Assigned:	06/27/2014	Date of Injury:	09/03/2008
Decision Date:	08/13/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	04/04/2014

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 and Rehabilitation 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 injured worker is a 31 year old female with a reported injury date of 09/03/2008. The cause of the injury was due to repetitive use of the hands and of the upper extremities. The injured worker had an examination on 02/24/2014. The injured worker had complaints of increased pain to the right thumb. She had been using a brace due to her pain. The injured worker scored her pain at a 4/10 to a 5/10. She reported that her medications and treatments decreased the pain by 50%, but only temporarily. The injured worker has had a history of a previous carpal tunnel syndrome release on 03/22/2013. She was on muscle relaxants and anti-inflammatory medications. She has done splinting and has had previous physical therapy, which was reported to be successful. The amount of therapy sessions was not provided. Her medications consisted of Voltaren 1% topical gel, Naproxen, and Flexeril. Her diagnoses consisted of carpal tunnel syndrome, chronic pain syndrome, and obesity. The examination did reveal that she had abnormal range of motion, mild tenderness over the volar wrist and anatomical snuffbox on the left and minimal tenderness of the left lateral epicondyle. Her motor strength of her left side was all normal as a 5/5. The recommended plan of treatment was for her to continue with her medications, to continue to use her thumb splint, for cortisone injections and to encourage her to continue a regular home exercise program. The Request for Authorization and the rationale were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

CORTISONE INJECTION RIGHT HAND/WRIST X 1: 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: The ACOEM Guidelines do recommend cortisone injections for carpal tunnel cases if the injured worker is resistant to conservative therapy for 8 to 12 weeks. They do suggest conservative methods before considering an injection. They also recommend splinting and Tylenol as well as NSAIDs if tolerated for 4 weeks before a corticosteroid injection is considered. It is stated that the symptomatic relief from a cortisone injection is only short-term. There is no evidence of the efficacy of the medications and also of the splinting. There is no evidence as to how many weeks prior that the medications have been provided and were being taken as well as how long she has been wearing her splint. Therefore, the request is not medically necessary and appropriate.