

Case Number:	CM14-0048883		
Date Assigned:	06/25/2014	Date of Injury:	06/25/2012
Decision Date:	07/28/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/27/2014

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:

The injured worker is a 32-year-old female who was reportedly injured on June 25, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 17, 2014, indicates that there are ongoing complaints of bilateral wrist pain. Current medications include Voltaren gel. The physical examination demonstrated tenderness to both arms and hands with weak grip strength bilaterally. There was a positive Tinel's and Phalen's test bilaterally as well as diminished sensation of the first three fingers of both hands. A prescription of Voltaren gel was refilled and the injured employee was scheduled for left-sided carpal tunnel surgery. Diagnostic nerve conduction studies showed severe nerve damage and carpal tunnel syndrome right greater than left. Previous treatment includes bilateral wrist injections, right sided carpal tunnel surgery and wrist braces. A request had been made for a right wrist steroid injection and was not certified in the pre-authorization process on March 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left wrist steroid injection with ultrasound or fluroscopy guidance x 2: Upheld

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

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, Updated February 20, 2014.

Decision rationale: The Official Disability Guidelines states that a single injection can be used as an option in conservative treatment. Corticosteroid injections will likely produce significant short-term benefit, but many patients will experience a recurrence of symptoms within several months after injection. In this case, the injured employee has had recent right-sided carpal tunnel surgery and is scheduled for future left sided carpal tunnel surgery. Corticosteroid injection should not be given to soon before or after surgery to avoid complications. For these multiple reasons this request for a left wrist steroid injection with ultrasound or fluoroscopic guidance is not medically necessary and appropriate.

Right wrist steroid injection with ultrasound or fluroscopy guidance x 2: Upheld

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

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, Updated February 20, 2014.

Decision rationale: The Official Disability Guidelines states that a single injection can be used as an option in conservative treatment. Corticosteroid injections will likely produce significant short-term benefit, but many patients will experience a recurrence of symptoms within several months after injection. In this case the injured employee has had recent right-sided carpal tunnel surgery and is scheduled for future left sided carpal tunnel surgery. Corticosteroid injection should not be given to soon before or after surgery to avoid complications. For these multiple reasons this request for a right wrist steroid injection with ultrasound or fluoroscopic guidance is not medically necessary and appropriate.