

Case Number:	CM14-0057385		
Date Assigned:	07/09/2014	Date of Injury:	04/26/2010
Decision Date:	09/05/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/28/2014

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 Family Medicine, and is licensed to practice in North Carolina. 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 46 year-old with a reported date of injury of 04/26/2010. The patient has the diagnoses of right thumb carpometacarpal osteoarthritis, bilateral lateral epicondylitis, bilateral median nerve entrapment at the wrists (right side positive per EMG/NCS on 3/11/2014) and left De Quervain's tenosynovitis. Per the progress notes provided by the primary treating physician dated 05/21/2014, the patient has complaints of numbness and tingling in both hands and forearms. Physical exam noted bilateral positive Tinel's, Phalen's and Durkan's sign at the wrist. Treatment plan consisted of right carpal tunnel injection with ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right carpal tunnel injection with ultrasound guidance: Overturned

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

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

Decision rationale: The ACOEM section on physical methods in the forearm, wrists and hand complaints chapter states: Most invasive techniques, such as needle acupuncture and injection

procedures, have insufficient high quality evidence to support their use. The exception is corticosteroid injection about the tendon sheaths or, possibly, the carpal tunnel in cases resistant to conservative therapy for eight to twelve weeks. For optimal care, a clinician may always try conservative methods before considering an injection. De Quervain's tendinitis, if not severe, may be treated with a wrist-and-thumb splint and acetaminophen, then NSAIDs, if tolerated, for four weeks before a corticosteroid injection is considered. CTS may be treated for a similar period with a splint and medications before injection is considered, except in the case of severe CTS (thenar muscle atrophy and constant paresthesia in the median innervated digits). Outcomes from carpal tunnel surgery justify prompt referral for surgery in moderate to severe cases, though evidence suggests that there is rarely a need for emergent referral. Thus, surgery should usually be delayed until a definitive diagnosis of CTS is made by history, physical examination, and possibly electrodiagnostic studies. Symptomatic relief from a cortisone/ anesthetic injection will facilitate the diagnosis; however, the benefit from these injections is short-lived. Please also note table 11-7. The ODG also recommends a single injection as an option in conservative treatment. The patient has received previous injection but not a specific injection for carpal tunnel syndrome. There is clear documentation of failure of the conservative therapy recommended above and thus a single injection is warranted per guidelines and is medically necessary.

Orthopedic consultation right hand, right wrist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 274-277.

Decision rationale: Per the ACOEM algorithms of treatment in the hand, wrist and forearm complaints chapter, consult for continuing complaints when a patient has failed conservative therapy is recommended. In this case the patient has failed conservative therapy and further more invasive treatment options are being considered. Therefore bases on the provided algorithms, consult with an orthopedic specialist would be warranted and thus is medically necessary.