

<b>Case Number:</b>	CM14-0059004		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/22/2013
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 Occupational Medicine 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 patient is a represented [REDACTED] employee who has filed a claim for chronic wrist pain reportedly associated with an industrial injury of August 22, 2013. Thus far, the he has been treated with the following: analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of chiropractic manipulative therapy; earlier carpal tunnel release surgery in 2004; and earlier knee arthroscopy. In a utilization review report dated April 3, 2014, the claims administrator denied a left wrist corticosteroid injection under ultrasound guidance. Somewhat incongruously, the claims administrator invoked non-MTUS Guidelines, which supported pursuit of ultrasound-guided carpal tunnel syndrome injections in favor of blind carpal tunnel syndrome injections. The applicant's attorney subsequently appealed. On March 7, 2014, the patient was described as having persistent complaints of knee and wrist pain. The note was handwritten, largely illegible, and difficult to follow. It was suggested that he was having difficulty performing gripping and grasping activities and was having difficulty gripping and grasping. Authorization was sought for left wrist carpal tunnel syndrome corticosteroid injection under ultrasound guidance. In a December 9, 2013 note, the attending provider stated that the patient had electrodiagnostic testing on December 5, 2013, which demonstrated electric evidence of mild left-sided carpal tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cortisone Injection under Ultrasound Guidance, left wrist:** Overturned

**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): 272. Decision based on Non-MTUS Citation American Journal of Physical Medicine and Rehabilitation, November 2013.

**Decision rationale:** While the MTUS does not address the topic of ultrasound-guided corticosteroid injections for carpal tunnel syndrome, the MTUS Guidelines in ACOEM Chapter 11, Table 11-7, page 272 does recommend injection of corticosteroids into the carpal tunnel in mild or moderate cases of carpal tunnel syndrome after trial medications and splinting. In this case, the patient has apparently tried and failed earlier operative and nonoperative treatments including time, medications, observation, splinting, earlier surgical release, etc. A wrist corticosteroid injection for carpal tunnel syndrome is therefore indicated. It is further noted that November 2013 American Journal of Physical Medicine Rehabilitation article does state that ultrasound guided injections "may" be effective than are blind injections of carpal tunnel syndrome. For all the stated reasons, then, the proposed cortisone injection under ultrasound guidance for the left wrist is indicated. Therefore, the request is medically necessary.