

Case Number:	CM14-0095170		
Date Assigned:	07/25/2014	Date of Injury:	09/16/2012
Decision Date:	08/28/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/12/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 52-year-old female with a 9/16/12 date of injury. At the time (5/8/14) of the request for authorization for bilateral carpal tunnel injections, there is documentation of subjective (bilateral upper extremity pain) and objective (positive Tinel's bilaterally at the wrist, positive Phalen's on the right side) findings, current diagnoses (symptoms of carpal tunnel syndrome), and treatment to date (medications). There is no documentation of failure of conservative treatment (splint) for eight to twelve weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral carpal tunnel injections: Upheld

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 Steroid injections.

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

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of failure of conservative treatment (splint and medications) for eight to twelve weeks, as criteria necessary to support the medical necessity of carpal tunnel injection. Within the medical information

available for review, there is documentation of a diagnosis of symptoms of carpal tunnel syndrome. In addition, there is documentation of conservative treatment (medications). However, there is no documentation of failure of additional conservative treatment (splint) for eight to twelve weeks. Therefore, based on guidelines and a review of the evidence, the request for bilateral carpal tunnel injections is not medically necessary.