

<b>Case Number:</b>	CM14-0095506		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	07/11/2011
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Nevada. 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 records presented for review indicate that this 55-year-old individual was reportedly injured on July 11, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 7, 2014 indicates that there are ongoing complaints of right hand pain. The physical examination demonstrated swelling and redness of the right fingers compared to the left hand with shiny scan noted on the right compared to the left. Allodynia is present on palpation. Active range of motion of the right hand, and grip is decreased. Electrodiagnostic studies are not noted. Previous treatment includes gabapentin, Norco, Nortriptyline, and clonazepam. The injured employee is also status post a sympathetic stellate ganglion approximately one year ago which did not provide substantial benefit. Temperature change is reported. The claimant is status post carpal tunnel release with good results on the left, but unsuccessful results on the right. The claimant was also treated with the wrist splint which she wears constantly. This progress note indicates that she is not had any carpal tunnel injections. A request had been made for a right carpal tunnel steroid injection and was not certified in the pre-authorization process on June 5, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CARPAL TUNNEL STEROID INJECTION TO RIGHT ARM:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**Decision rationale:** CA MTUS guidelines are silent on injections for the treatment of subacute and chronic carpal tunnel syndrome. Therefore, ACOEM practice guidelines are used. ACOEM guidelines strongly support carpal tunnel injections for the treatment of subacute or chronic carpal tunnel syndrome. Based on the clinical information provided, the diagnosis, and the sub optimal response to conservative interventions provided thus far, this request Carpal Tunnel Steroid Injection to Right Arm is medically necessary.