

Case Number:	CM14-0099610		
Date Assigned:	07/28/2014	Date of Injury:	05/17/2005
Decision Date:	11/12/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	06/27/2014

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 Internal Medicine and is licensed to practice in Washington DC and Virginia. 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:

This is a 41 year old patient who sustained injury on May 17 2005. She had been found to have symptoms consistent with bilateral carpal tunnel syndrome. She had previously received a left hand injection which did improve her symptoms. She had issues with left arm pain and numbness. She did receive benefit from bilateral carpal tunnel injections of Marcaine and ken log under ultrasound guidance. She had been diagnosed with cervicgia and upper extremity radiculopathy, left and right carpal tunnel syndrome and left cubital tunnel syndrome by ■■■■■ on Dec 27 2013. She was found to have positive durkins sign, equivocal to tinel sign and decreased sensation of the first and second fingers of the right hand. She has positive tin

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Wrist Carpal tunnel Injection under Ultrasound Guidance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic) updated 2/20/14

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-4, 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines (ODG), carpal tunnel release

Decision rationale: Per ACOEM, injection of lidocaine and steroids would be indicated to treat carpal tunnel syndrome for which the patient was diagnosed. It would be used as part of treatment strategy prior to surgery and would be indicated for this patient. Per ODG, the indications for surgery: A. Symptoms of pain/numbness/paresthesia/impaired dexterity, requiring two of the following: a. Abnormal katz hand diagram scores [based on description of b. Night pain symptoms c. Flicks signs (shaking hand) B. Findings by physical exam, requiring three of the following: a. Durkan's compression test b. Semmes-weinstein monofilament test c. Phalen's sign d. Tinel's sign e. Decreased two point discrimination f. Mild thenar weakness symptoms in records] C. Comorbidities: no current pregnancy D. Initial conservative treatment, requiring four of the following: a. Activity modification \geq one month b. Wrist splint \geq one month c. Nonprescription analgesia (i.e. acetaminophen) d. Physical therapy referral for home exercise training e. Successful initial outcome from corticosteroid injection trial E. Positive electrodiagnostic testing, after one month of initial conservative treatment. Therefore, the request for right Wrist Carpal tunnel Injection under Ultrasound Guidance is medically necessary and appropriate.