

<b>Case Number:</b>	CM14-0170489		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	02/07/1997
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

Progress notes dated 9/29/14 note reports pain in the bilateral hands status post carpal tunnel release. Injections were done 3/4/14 and reports they were "quite helpful." Pain went down to 1-2/10 for several weeks and then slowly recrudesced. Exam notes positive tinel's bilateral with bilateral median nerve compression test bilaterally. There was no muscle wasting or fasciculations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Wrist Joint Injections with ultrasound:** 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), Treatment Index, 11th Edition (web), 2014 carpal tunnel syndrome injections

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -pain, corticosteroids

**Decision rationale:** Official Disability Guidelines (ODG) guidelines support corticosteroid injection with demonstrated functional outcome with physical exam findings consistent with pain that may benefit from injection. The medical records report pain in the wrists with carpal tunnel

syndrome and that prior injection resulted in several weeks of marked decrease in pain and improved function. As such the records support repeat injection congruent with ODG.