

Case Number:	CM14-0187237		
Date Assigned:	11/17/2014	Date of Injury:	10/02/2012
Decision Date:	01/08/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/10/2014

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 Orthopedic Surgery, and is licensed to practice in Minnesota. 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 injured worker is a 59 year old male with a date of injury of 10/2/2012 who underwent bilateral endoscopic carpal tunnel releases. The right side was successful but he developed pain with decreased sensation in the median distribution on the left. Pain is reported to be 8/10 associated with median dysesthesias. There is evidence of carpometacarpal joint arthritis of the thumb on the left. A post-operative electrodiagnostic study was said to be normal. The actual study is not submitted. There was no relief with steroid injections. A glycerol injection for the painful left median nerve was requested. The request was non-certified by Utilization Review for lack of evidence based guidelines pertaining to this issue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left medial nerve injection in the office: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Library of congress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Glycerol Neurolysis: Neurophysiological effects of topical glycerol application on rat saphenous nerve. Journal of Neurosurgery Nov 1985 Vol 63 No.5 Pages 784-788

Decision rationale: The request pertains to injection of glycerol for neurolysis of the left median nerve. Evidence based guidelines do not address this issue. Glycerol neurolysis has been used for trigeminal neuralgia but not for the median nerve. Evidence suggests that glycerol is a mild peripheral neurolytic. Laboratory studies have shown rapid loss of C-fiber conduction within 5 minutes of application and complete conduction blockade after 10-30 minutes. There is no published literature on median nerve blocks using glycerol. As such, the request for glycerol injection of the left median nerve was not medically necessary.