

Case Number:	CM14-0196648		
Date Assigned:	12/04/2014	Date of Injury:	06/25/2012
Decision Date:	01/21/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/24/2014

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 Occupational Medicine 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:

The applicant is an employee who has filed a claim for chronic wrist pain reportedly associated with an industrial injury of June 25, 2012. In a utilization review report dated November 7, 2014, the claims administrator failed to approve a wrist steroid injection. The claims administrator cited a November 6, 2014 progress note in its denial. It was stated that the applicant had had two prior wrist steroid injections, apparently in the carpal tunnel region. The claims administrator stated that the applicant had failed to demonstrate significant benefit with earlier injection therapy. The applicant's attorney subsequently appealed. In a hand therapy office visit of October 31, 2014, it was stated that the applicant had right wrist carpal tunnel syndrome symptoms which were pending surgery. The applicant was on Tramadol and Motrin, it was stated. The applicant was increasingly reliant on her left hand, it was suggested. The applicant had undergone a left carpal tunnel release surgery and was pending right carpal tunnel release surgery, it was stated. In a progress note dated September 18, 2014, the applicant's treating provider stated that the applicant had demonstrated no significant benefit with a prior right wrist corticosteroid injection. The applicant was status post left wrist carpal tunnel release surgery on July 18, 2014, it was noted. The applicant had electrodiagnostic evidence of carpal tunnel syndrome, right greater than left, it was noted. The applicant had superimposed issues with depression and anxiety. The applicant was using an H-wave device. The applicant was placed off work, on total temporary disability, while additional physical therapy was sought. On November 6, 2014, the applicant again stated that she was unable to work owing to ongoing complaints of wrist pain. The applicant stated that she would like to pursue a repeat wrist corticosteroid injection while her right carpal tunnel release surgery was pending. Positive Tinel's and Phalen's signs were noted about the wrist with dysesthesias appreciated about the first two digits. A right wrist corticosteroid injection was sought while the applicant was placed off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right wrist steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-7, 272.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-7, page 272, repeated or frequent corticosteroid injections into the carpal tunnel are deemed "not recommended." In this case, the applicant has had multiple prior corticosteroid injections, it has been suggested. The said injections have not, in fact, proven successful. Significant complaints of paresthesias and dysesthesias persist. The applicant is off work, on total temporary disability and seemingly remains dependent on various forms of medical treatment, including Voltaren Gel, an H-wave device, Tramadol, Motrin, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS, despite prior wrist corticosteroid injections. Therefore, the request for a repeat wrist corticosteroid injection is not medically necessary.