

Case Number:	CM14-0205152		
Date Assigned:	12/17/2014	Date of Injury:	08/29/2013
Decision Date:	02/12/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/08/2014

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, has a subspecialty in Sports 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 injured worker is a 40-year-old male who reported injury due to cumulative on 08/29/2013. On 05/20/2014, his diagnoses included right lateral epicondylitis, right carpal tunnel syndrome and right ulnar nerve compression at the elbow. The EMG/NCS on 08/08/2014, was abnormal, showing bilateral carpal tunnel syndrome, mild on the right and minimal on the left; there was no evidence of ulnar or radial neuropathy or significant cervical radiculopathy. On 09/02/2014, he was given a nerve block to the right lateral elbow, followed by an injection of the right lateral extensor origin, which did not help relieve his pain. His complaints included coldness in the right hand with numbness, as well as pain in the right elbow radiating to the right hand. There was significant tenderness over the right medial elbow and positive Tinel's and elbow flexion tests. There was also tenderness over the right lateral elbow with a positive middle finger test. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Placement, Right Lateral Extensor Origin: Upheld

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 Page(s): 272.

Decision rationale: The request for placement, right lateral extensor origin is not medically necessary. The California ACOEM Guidelines note that corticosteroid injection is not recommended for all chronic hand, wrist and forearm disorders. Repeated or frequent injections of corticosteroid into carpal tunnel, tendon sheaths, ganglia, etc. are not recommended. The request, as written, is unclear. Therefore, the request for placement, right lateral extensor origin is not medically necessary.

Placement, Right Volar Wrist and Carpal Canal: Upheld

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 Page(s): 272.

Decision rationale: The request for placement, right volar wrist and carpal canal is not medically necessary. The California ACOEM Guidelines note that corticosteroid injection is not recommended for all chronic hand, wrist and forearm disorders. Repeated or frequent injections of corticosteroid into carpal tunnel, tendon sheaths, ganglia, etc. are not recommended. The request, as written, is unclear. Therefore, the request for placement, right volar wrist and carpal canal is not medically necessary.