

Case Number:	CM15-0004001		
Date Assigned:	01/15/2015	Date of Injury:	08/01/2012
Decision Date:	03/24/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47-year-old female who reported injury on 08/01/2012. The mechanism of injury was cumulative trauma. Prior therapies included physical therapy and massage. The surgical history was noncontributory. The diagnostic studies were not provided. The documentation of 09/25/2014 revealed the injured worker had multiple chief complaints. The injured worker indicated her left elbow pain was aching and stabbing, and radiated along the lateral aspect of her forearm down to her wrists. The injured worker complained of bilateral neck and shoulder myofascial pain that was a stiff and cramping sensation. The injured worker complained of bilateral cramping and numbness with paresthesias that become worse at the end of the day after typing. The right side was greater than the left. The cramping and numbness was in the first and second digits. The current medications were noted to include Motrin as needed; Norco 5/325 4 tablets per week; Singulair; oral contraceptives; and Flonase. The physical examination revealed the injured worker had bilateral lateral epicondyle pain, with the left greater than right on deep palpation. The injured worker had a mild decrease in the bilateral metacarpals. The injured worker had decreased sensation to cold and light touch on the medial aspect of the left forearm. The injured worker had a positive Tinel's bilaterally, and the reflexes were intact in the bilateral upper extremities, including the biceps, triceps, and brachioradialis. The documentation indicated the physician was waiting on imaging. The diagnoses included lateral epicondylitis, left greater than right; and carpal tunnel syndrome bilaterally. The treatment plan included a left epicondyle injection under ultrasound guidance and bilateral ultrasound guided median nerve injections for carpal tunnel syndrome. Additionally, the request

was made for the injured worker to start on Flexeril 5 mg by mouth at bedtime to help with muscle spasms, and there was a refill of the ibuprofen 600 mg. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat bilateral median nerve injection of the bilateral wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that injections of lidocaine and steroids are recommended for the treatment of carpal tunnel syndrome; once treatment response has been inadequate for 3 to 4 weeks regarding conservative care. Additionally, initial treatment of carpal tunnel syndrome should include night splints. The clinical documentation submitted for review failed to indicate the injured worker had failed conservative care. The specific conservative care was not provided. The clinical documentation submitted for review indicated the injured worker had undergone physical therapy. However, the body part treated was not provided. There was a lack of documentation indicating the injured worker had been treated with splints to support the necessity for an injection. Additionally, the request was made for a repeat bilateral injection. The objective functional benefit that was received was not provided, and the documentation including the original date of service. There was a lack of documentation of duration of relief and objective pain relief. Given the above, the request for repeat bilateral median nerve injection of the bilateral wrist is not medically necessary.

Repeat Left elbow injection: Upheld

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), 2013, Elbow Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 26.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that a corticosteroid injection is recommended if noninvasive treatment strategies fail to improve the condition over the period of 3 to 4 months for the treatment of bilateral epicondylalgia. The clinical documentation submitted for review failed to indicate the injured worker had failed conservative care. The specific conservative care was not provided. As such, the request would not be supported.

