

Case Number:	CM15-0108166		
Date Assigned:	06/12/2015	Date of Injury:	05/08/2009
Decision Date:	07/16/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/04/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 60-year-old female, who sustained an industrial injury on May 8, 2009, incurring bilateral hand injuries. She was diagnosed with left carpal tunnel syndrome. She was diagnosed with left hand carpal tunnel syndrome and right hand complex regional pain syndrome. She underwent a right joint arthroplasty, reconstruction, compartment release and tenosynovectomy. Treatment included neuropathic medications, steroid injections, topical analgesic patches, anti-inflammatory drugs, and hand splinting, home exercise program and work restrictions. Currently, the injured worker complained of constant tingling, numbness and sharp pain in the left hand, which was worse at night. The treatment plan that was requested for authorization included left carpal tunnel injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Carpal Tunnel Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272. Decision based on Non-MTUS Citation Official Disability Guidelines: Carpal Tunnel Syndrome, Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-278.

Decision rationale: The ACOEM Guidelines support the use of steroids with lidocaine injected into the hand or wrist for the treatment of trigger finger, mild or moderate carpal tunnel syndrome when a trial of medication and splinting is not helpful, and clearly identified cases of DeQuervan's synovitis and tenosynovitis. However, repeated injections are discouraged. The submitted and reviewed documentation indicated the worker was experiencing a type of dizziness and a flare of left wrist pain with numbness and tingling in fingers one through four with pain. These records concluded the worker was suffering from moderate carpal tunnel syndrome, among other issues. Treatment included medications and nightly splinting. However, while the documentation did not detail the number of prior wrist injections, it was suggested the worker was being treated with two to three injections yearly for an unclear length of time. There was no discussion suggesting special circumstances that sufficiently supported this request for repeated injections. In the absence of such evidence, the current request for an injection of unspecified medication into the left carpal tunnel (wrist) is not medically necessary.