

Case Number:	CM15-0132670		
Date Assigned:	07/20/2015	Date of Injury:	04/25/2013
Decision Date:	08/20/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/09/2015

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

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 31 year old female, who sustained an industrial injury on April 25, 2013. She reported a bilateral upper extremity repetitive strain injury. She later developed ganglion cyst in the volar aspect. The injured worker was diagnosed as having right carpal tunnel syndrome, right wrist ganglion cyst, left carpal tunnel syndrome and left wrist ganglion cyst. Treatment to date has included diagnostic studies, acupuncture, injections, massage, physical therapy and braces. She reported that any therapy she was offered had made her symptoms worse. She had reported improvement with injection to each side to the first dorsal compartment with substantial reduction in her dominant pain and overall some improvement in function. Injections were noted to give her several weeks of relief. With injections, her pain improves from a 4-8 on a 1-10 pain scale down to a 2-6/10. Acupuncture was also noted to be helpful. On April 16, 2015, the injured worker complained of carpal tunnel and finger numbness, tingling and discomfort. She rated her pain as a 2-8 on a 1-10 pain scale depending on activities. The treatment plan included a follow-up visit. On June 11, 2015, Utilization Review non-certified the request for ganglion injection for her carpal tunnel tingling, citing California MTUS ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ganglion Injection for her Carpal Tunnel/Tingling: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Peripheral Nerve Blocks: Number 0863.

Decision rationale: The patient presents with diagnoses of having right carpal tunnel syndrome, right wrist ganglion cyst left carpal tunnel syndrome and left wrist ganglion cyst. The patient currently complains of carpal tunnel and finger numbness, tingling and discomfort. The current request is for Ganglion Injection for her Carpal Tunnel/Tingling. The Request for Authorization included does not match the Independent Medical Review. Instead, the treating physician states on 4/16/15 (17B) "Request for Authorization (RFA): Retro authorization for repeat cortisone injections first dorsal compartment both wrists. She had again excellent improvement with injection to each side to the first dorsal compartment with substantial reduction in her dominant pain and overall some improvement in function. The injections gave her several weeks of relief but wore off. This was relief that she had not had prior and it was substantially concordant. Since surgery is an option however maximizing nonsurgical interventions such as injections to try and shrink down synovitis or scar tissue stenosing the tendons she was motivated for a repeat injection to see if we could gain yet more prolonged relief." Applying the guidelines specific to the IMR and not the RFA provided by the treating physician, we find MTUS and ODG are silent regarding requests for Ganglion injection. However, Aetna Clinical Policy Bulletin: Peripheral Nerve Blocks: Number 0863 states "Aetna considers the use of peripheral nerve blocks (continuous or single-injection) medically necessary for the treatment of (i) acute pain, and (ii) for chronic pain only as part of an active component of a comprehensive pain management program. Peripheral nerve blocks as sole treatment for chronic pain is considered experimental and investigational. There is currently insufficient evidence to support the use of peripheral nerve blocks in the treatment of peripheral neuropathy or other indications." In this case, the patient presents with an acute pain and a history of substantial relief from the prior injection. The current request is medically necessary.