

Case Number:	CM15-0139071		
Date Assigned:	07/29/2015	Date of Injury:	04/08/2003
Decision Date:	08/26/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/17/2015

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
 Certification(s)/Specialty: Emergency 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 49 year old female, who sustained an industrial injury on 4/08/2003. She reported cumulative trauma type injury to both wrists and upper extremities. Diagnoses include carpal tunnel syndrome, wrist/hand trigger finger, tenosynovitis of the left thumb, neck sprain/strain, rotator cuff syndrome. Treatments to date include medication therapy, cortisone injections. Currently, she complained of bilateral wrist pain and left hand pain. Previous cortisone injections were noted as beneficial. On 6/8/15, the physical examination documented no acute physical findings. The plan of care included a request to authorize a cortisone injection with fluoroscopy and ultrasound to the wrist and to the hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection when necessary with fluoroscopy and ultrasound, wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Carpal Tunnel Syndrome.

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

Decision rationale: The requested Cortisone injection when necessary with fluoroscopy and ultrasound, wrist, is not medically necessary. CA MTUS ACOEM Guidelines, 2nd Edition, pg. 272 Table 11-7. Summary of Recommendations for Evaluating and Managing Forearm, Wrist, and Hand Complaints "Injections Recommended: Injection of corticosteroids into carpal tunnel in mild or moderate cases of CTS after trial of splinting and medication." The injured worker has bilateral wrist pain and left hand pain. Previous cortisone injections were noted as beneficial. On 6/8/15, the physical examination documented no acute physical findings. The treating physician has not documented current exam evidence of continued inflammation nor objective findings of functional improvement from previous injections. The criteria noted above not having been met, Cortisone injection when necessary with fluoroscopy and ultrasound, wrist is not medically necessary.

Cortisone injection when necessary with fluoroscopy and ultrasound, hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Carpal Tunnel Syndrome.

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

Decision rationale: The requested Cortisone injection when necessary with fluoroscopy and ultrasound, hand, is not medically necessary. CA MTUS ACOEM Guidelines, 2nd Edition, pg. 272 Table 11-7. Summary of Recommendations for Evaluating and Managing Forearm, Wrist, and Hand Complaints "Injections Recommended: Injection of corticosteroids into carpal tunnel in mild or moderate cases of CTS after trial of splinting and medication." The injured worker has bilateral wrist pain and left hand pain. Previous cortisone injections were noted as beneficial. On 6/8/15, the physical examination documented no acute physical findings. The treating physician has not documented current exam evidence of continued inflammation nor objective findings of functional improvement from previous injections. The criteria noted above not having been met, Cortisone injection when necessary with fluoroscopy and ultrasound, hand is not medically necessary.