

Case Number:	CM15-0164986		
Date Assigned:	09/02/2015	Date of Injury:	08/08/2014
Decision Date:	10/13/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	08/21/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 70 year old female, who sustained an industrial injury on 8-8-14. She reported pain in the right hand, right wrist, and right shoulder. The injured worker was diagnosed as having right wrist carpal tunnel syndrome. Treatment to date has included right shoulder complex revision of the rotator cuff and subacromial decompression on 3-5-15, physical therapy, and medication. On 6-2-15 right hand and wrist pain was rated as 8-9 of 10. Physical examination findings included noticeably weaker grip on the right. A loss of sensation to light touch in the thumb, second, and third digits were also noted. Currently, the injured worker complains of pain in the right hand and wrist radiating to the right ring finger, elbow, and right shoulder associated with numbness and tingling. The treating physician requested authorization for a steroid injection to the right 1st and 6th dorsal compartment. On 7-17-15 the requests were non-certified; the utilization review physician noted "considering injection to first dorsal compartment there is no evidence of failed conservative treatment. An injection to the 6th dorsal compartment was performed on 6-25-15 with only temporary relief. Notes indicate that the patient is not a candidate for repeat injection because of lack of benefit."

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid injection to the right 1st dorsal compartment: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: According to the guidelines, injections are recommended for carpal tunnel, trigger finger, and tenosynovitis. Repeated injections are not recommended. In this case, the claimant received injections in the past without significant benefit. Additional injections into the 1st dorsal compartment is not medically necessary.

Steroid injection to the right 6th dorsal compartment: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: According to the guidelines, injections are recommended for carpal tunnel, trigger finger, and tenosynovitis. Repeated injections are not recommended. In this case, the claimant received injections in the past without significant benefit. Additional injections into the 6th dorsal compartment is not medically necessary.