

<b>Case Number:</b>	CM15-0182133		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	01/16/1992
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This injured worker is a 71 year old female, who sustained an industrial injury on 01-16-1992. The injured worker was diagnosed as having unspecified internal derangement of knee and carpal tunnel syndrome - bilateral. On medical records dated 08-07-2015, subjective complaints were noted as left knee, right knee pain. Pain was rated a 9 on a scale of 0 to 10. Objective findings were noted as bilateral wrist having a positive Tinel's sign. Right wrist was noted to have a decreased range motion. The injured worker s activities of daily living functionality were noted to have worsened. The injured worker was noted to be temporarily totally disabled. Treatments to date included medication, home exercise program, assistive device walk wheelchair and ice pack. Current medication was listed as Anaprox, Prilosec, Zofran, Zanaflex, Senokot-s, Voltaren 1% Gel, Lunesta and Percocet. The Utilization Review (UR) was dated 08-24-2015. A request for left wrist steroid injection for CTS and orthopedic surgeon for knees was submitted. The UR submitted for this medical review indicated that the request for left wrist steroid injection for CTS and orthopedic surgeon for knees was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left wrist steroid injection for CTS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Assessment, Initial Care.

**Decision rationale:** The MTUS ACOEM guidelines recommend steroid injection for carpal tunnel as a potential treatment option. In this case, however, there is only a single clinical note provided from an injury initially sustained over twenty years ago. The physical exam findings supporting the diagnosis of carpal tunnel syndrome in this case are of little detail (pain and positive Tinel's), and without further clarity of treatment history/failed conservative management, the request for injection is not supported. Therefore, the request is not medically necessary at this time.

**Orthopedic surgeon for knees:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

**Decision rationale:** The MTUS ACOEM guidelines discuss consideration of specialty consultation in the case of several types of musculoskeletal injuries if symptoms are persistent for more than a few weeks. In this case, the patient has several issues and a history of injury exceeding twenty years. There is only one clinical note provided, and while it appears that prior knee arthroplasty occurred, there is no imaging, prior notes, etc., to indicate a true status of the knee in this case. It may be reasonable to seek consultation from an orthopedic surgeon; however, further workup is indicated. Therefore, the request at this time is not medically necessary.