

Case Number:	CM15-0187391		
Date Assigned:	09/29/2015	Date of Injury:	08/16/2007
Decision Date:	11/09/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/23/2015

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: Massachusetts

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

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 58 year old female, who sustained an industrial injury on 8-16-07. The injured worker is being treated for chronic left C6-7 radiculopathy, C5-7 anterior cervical disc fusion, left superior trapezius contracture, left thoracic outlet syndrome and left carpal tunnel syndrome. (MRI) magnetic resonance imaging of cervical spine performed on 8-28-15 revealed 1mm anterolisthesis of C4 on C5 with spinal canal stenosis and evidence of a previous anterior cervical discectomy and fusion. Treatment to date has included medications including Lidoderm patch, Ibuprofen, Protonix 40mg, Hydrochlorothiazide 12.5mg and Aygestin, anterior cervical disc fusion, chiropractic therapy (it is unclear how many sessions or if the treatment was beneficial) and carpal tunnel injection (it is objectively noted this previously provided functional benefits). On 9-4-15, the injured worker complains of continued left neck and upper extremity symptom; she states she has had a significant flare up of pain in left upper extremity. Work status is noted to be permanent and stationary. Physical exam performed on 9-4-15 revealed positive Tinel's at left wrist; positive Durkan's on left and is exquisitely tender along her left sided cervical paraspinals, superior trapezius, levator scapulae and rhomboids. The treatment plan included left carpal tunnel injection and chiropractic care (6 sessions). On 9-9-15 a request for authorization was submitted for 6 chiropractic sessions and left carpal tunnel injection was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left carpal tunnel injection quantity: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC), Chapter Carpal Tunnel Syndrome (Acute & Chronic) (updated 09/09/15) Corticosteroid Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic) Injections.

Decision rationale: The claimant sustained a work injury in August 2007 and continues to be treated for left-sided neck and upper extremity symptoms. She underwent an anterior cervical decompression infusion in June 2009. Electrodiagnostic testing in May 2015 had been normal. When seen, she had continued left neck and upper extremity symptoms. There was positive Tinel's and Durkan's testing on the left. The assessment references significant relief from a prior carpal tunnel injection. She is not considered a good candidate for a carpal tunnel release. A carpal tunnel injection is an option in conservative treatment. Additional injections are only recommended on a case-to-case basis. Repeat injections are only recommended if there is evidence that a patient who has responded to a first injection is unable to undertake a more definitive surgical procedure at that time. In this case, the claimant has ongoing symptoms of carpal tunnel syndrome but recent electrodiagnostic test results are negative which may explain why she is not being considered for surgery. Additionally, the degree and duration of pain relief from the previous injection is not adequately documented. The request cannot be accepted as being medically necessary.

Chiropractic care for the left wrist quantity: 6 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC), Chapter Forearm, Wrist & Hand (Acute & Chronic) last updated 06/29/15.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic). Manipulation.

Decision rationale: The claimant sustained a work injury in August 2007 and continues to be treated for left-sided neck and upper extremity symptoms. She underwent an anterior cervical decompression infusion in June 2009. Electrodiagnostic testing in May 2015 had been normal. When seen, she had continued left neck and upper extremity symptoms. There was positive Tinel's and Durkan's testing on the left. The assessment references significant relief from a prior carpal tunnel injection. She is not considered a good candidate for a carpal tunnel release. In terms of carpal tunnel syndrome, manipulation is not recommended. The request cannot be accepted as being is request is not considered medically necessary.