

Case Number:	CM15-0188543		
Date Assigned:	09/30/2015	Date of Injury:	10/09/2014
Decision Date:	11/16/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/24/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 51 year old, male who sustained a work related injury on 10-9-14. A review of the medical records shows he is being treated for left wrist pain. In the last few progress notes, the injured worker reports pain and stiffness of the left wrist. He has numbness in the left wrist. He has pain in the left wrist and top of left hand with flexion of the fingers and making a fist. Last pain level rating was a 6 out of 10. On physical exam dated 8-21-15, he has decreased light touch median greater than ulnar left wrist. He has a positive median nerve compression test left carpal tunnel. He has painful passive left wrist range of motion. Working status not noted. The treatment plan includes cortisone injection left long finger injection, cortisone injection in left carpal tunnel and for consult with neurologist. In the Utilization Review dated 9-10-15, the requested treatments of a left diagnostic-therapeutic carpal tunnel Cortisone injection and a neurologist consultation and treatment are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Diagnostic/Therapeutic Carpal Tunnel Cortisone Injection: Overturned

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

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, Injections.

Decision rationale: Per the ODG guidelines regarding injections: Recommend a single injection as an option in conservative treatment. Corticosteroid injections will likely produce significant short-term benefit, but many patients will experience a recurrence of symptoms within several months after injection. In mild cases wait four to six weeks before consider injection, but sooner in severe cases, given the success of surgery, and the success/predictive value of injections. Therapy decisions should branch based on mild versus severe. Carpal tunnel syndrome may be treated initially with a night splint and medications before injection is considered, except in the case of severe CTS (thenar muscle atrophy and constant paresthesias in the median innervated digits). Outcomes from carpal tunnel surgery justify prompt referral for surgery in moderate to severe cases. Nevertheless, surgery should not be performed until the diagnosis of CTS is confirmed by history, physical examination and possible electrodiagnostic studies. Symptomatic relief from a cortisone/anesthetic injection will facilitate the diagnosis, however the benefit from these injections although good is short-lived. I respectfully disagree with the UR physician's assertion that the request is not indicated as the injured worker is awaiting an electrodiagnostic study. Per the citation above, injection is indicated when CTS is confirmed by history, and physical examination, and may facilitate the diagnosis. The request is medically necessary.

Consultation and Treatment by a Neurologist: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The medical necessity of the requested referral has not been sufficiently established by the documentation available for my review. The injured worker has already been seeing an orthopedist and is awaiting electrodiagnostic study. Furthermore, the medical necessity of treatment cannot be affirmed absent appropriate clinical documentation. The request is not medically necessary.