

Case Number:	CM15-0189908		
Date Assigned:	10/02/2015	Date of Injury:	01/08/2015
Decision Date:	11/10/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/28/2015

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:

This is a 54-year-old male with a date of industrial injury 1-8-2015. The medical records indicated the injured worker (IW) was treated for bilateral upper extremity overuse; bilateral forearm strain, bilateral ulnar neuropathy at Guyon's canal; status post bilateral carpal tunnel release (2005); and bilateral carpal tunnel syndrome per 5-4-15 nerve conduction study. Some of the notes were difficult to decipher. In the progress notes (6-8-15), the IW reported neck pain radiating to the bilateral upper extremities and knee pain. On examination (6-8-15 notes), there was tenderness with finger flexion. Tinel's and Phalen's signs were positive in the bilateral wrists and sensation was decreased along the bilateral median nerve. Treatments included carpal tunnel release, bilaterally (2005), physical therapy and home exercise. Electrodiagnostic testing on 5-4-15 was consistent with carpal tunnel syndrome, despite adequate carpal tunnel release in 2005. The IW was working. A Request for Authorization was received for left carpal tunnel injection under ultrasound guidance for date of service 7-9-15 and right carpal tunnel injection under ultrasound guidance for date of service 7-13-15. The Utilization Review on 9-9-15 non-certified the request for left carpal tunnel injection under ultrasound guidance for date of service 7-9-15 and right carpal tunnel injection under ultrasound guidance for date of service 7-13-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left carpal tunnel injection under ultrasound guidance, date of service: 07/09/15: 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): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hand chapter and pg 23 and Other Medical Treatment Guidelines Management of Carpal Tunnel Syndrome Carpal Tunnel Syndrome ANTHONY J. VIERA, LCDR, MC, USNR, Naval Hospital, Jacksonville, Florida Am Fam Physician. 2003 Jul 15; 68 (2): 265-272.

Decision rationale: According to the guidelines injections are recommended for moderate cases of carpal tunnel syndrome. Repeat injections are not recommended. The ODG guidelines only recommend them for tenosynovitis and trigger finger. In this case, the claimant had surgical release of both wrists for carpal tunnel in 2005. The claimant had persistent symptoms. Although, the steroid injection may provide relief, the injections do not require ultrasound guidance. As a result, the request for the left carpal tunnel injection with ultrasound is not medically necessary.

Right carpal tunnel injection under ultrasound guidance, date of service: 07/13/15: 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): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand chapter and pg 23 and Other Medical Treatment Guidelines Management of Carpal Tunnel Syndrome Carpal Tunnel Syndrome ANTHONY J. VIERA, LCDR, MC, USNR, Naval Hospital, Jacksonville, Florida Am Fam Physician. 2003 Jul 15; 68 (2):265-272.

Decision rationale: According to the guidelines injections are recommended for moderate cases of carpal tunnel syndrome. Repeat injections are not recommended. The ODG guidelines only recommend them for tenosynovitis and trigger finger. In this case, the claimant had surgical release of both wrists for carpal tunnel in 2005. The claimant had persistent symptoms. Although, the steroid injection may provide relief, the injections do not require ultrasound guidance. As a result, the request for the right carpal tunnel injection with ultrasound is not medically necessary.