

Case Number:	CM15-0024342		
Date Assigned:	02/13/2015	Date of Injury:	11/26/2012
Decision Date:	04/07/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/09/2015

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, Washington

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 44-year-old female who reported an injury on 11/26/2012. The mechanism of injury was not specifically stated. The current diagnoses included chronic carpal tunnel syndrome and myofascial tendonitis of the right elbow. The injured worker presented on 02/02/2015 with complaints of weakness of the right hand. It was noted that the injured worker was pending an additional injection. Upon examination, there was a reproduction of symptoms with compression of the carpal tunnel nerve; positive Phalen's and distraction test; and weakness to grip compared to the uninjured site. On examination of the elbow, there was tenderness to palpation, trigger points in the muscle itself, and weakness of the extensor muscles. Recommendations included a carpal tunnel injection. The injured worker was also instructed to continue with the current medication regimen. There was no Request for Authorization submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid injections of right carpal tunnel canal and right lateral epicondyle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 30-33.

Decision rationale: California MTUS/ACEOM Practice Guidelines state if a non invasive treatment strategy fails to improve the condition over a period of at least 3 to 4 weeks, a glucocorticoid injection for lateral epicondylitis may be recommended. Furthermore, the California MTUS/ACOEM Practice Guidelines state most invasive techniques such as injection procedures have insufficient high quality evidence to support their use with the exception of a corticosteroid injection for carpal tunnel syndrome in cases resistant to conservative therapy for 8 to 12 weeks. In this case, there was no mention of an exhaustion of conservative treatment prior to the request for an injection of the right carpal tunnel canal and right lateral epicondyle. The injured worker's response to previous injections was not documented. An additional procedure would not be supported in this case. Given the above, the request is not medically appropriate.