

Case Number:	CM15-0217537		
Date Assigned:	11/09/2015	Date of Injury:	04/16/2010
Decision Date:	12/29/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/04/2015

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: Texas, New York, California
 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:

The applicant is a represented 49-year-old who has filed a claim for chronic wrist pain reportedly associated with an industrial injury of April 16, 2010. In a Utilization Review report dated October 20, 2015, the claims administrator failed to approve requests for cortisone injections to the bilateral wrists under ultrasound guidance. The claims administrator referenced an October 14, 2015 date of service in its determination. The applicant's attorney subsequently appealed. On said RFA form dated September 1, 2015 cortisone injections to the bilateral wrists under ultrasound guidance was sought. On an associated handwritten note dated October 14, 2015, the applicant was given an operating diagnosis of bilateral carpal tunnel syndrome. Numbness, tingling and paresthesias were noted about the bilateral wrists. The note was very difficult to follow, handwritten, not altogether legible. It was clearly stated whether the applicant had or not had prior injection(s) or not.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection to the left wrist, QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary.

Decision rationale: No, the request for a cortisone injection to the left wrist was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 does acknowledge that an injection of the corticosteroids into the carpal tunnel is deemed "recommended" in the mild-to-moderate case for carpal tunnel syndrome after a trial of splinting and/or medications, the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 qualifies its position by noting that repeated or frequent injections of the corticosteroid into the carpal tunnel are deemed "not recommended." Here, however, the handwritten October 21, 2015 office visit was thin and sparsely developed, difficult to follow, not entirely legible, and did not clearly state whether the applicant or had not had prior corticosteroid injections involving the left wrist prior to the date of the request. The applicant's response to prior injections (if any) was likewise not clearly described or characterized on said October 14, 2015 office visit.

Cortisone injection to the right wrist, QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary.

Decision rationale: Similarly, the request for a cortisone injection to the right wrist was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 does recommend an injection of corticosteroid injections into the carpal tunnel for mild-to-moderate case of carpal tunnel syndrome after a trial of splinting and medications, the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 qualifies its position by noting that repeated or frequent injections of corticosteroids into the carpal tunnel are deemed "not recommended." Here, as with the preceding request, the handwritten October 14, 2015 office visit was thin and sparsely developed, difficult to follow, not altogether legible, and did not clearly state whether the applicant had or not had prior corticosteroid injections to the right wrist and, if so, what the response to the same was. Therefore, the request was not medically necessary.

Ultrasound guidance, QTY: 2.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers' Compensation.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary.

Decision rationale: Finally, the request for ultrasound guidance, quantity: 2, was likewise not medically necessary, medically appropriate, or indicated here. This was a derivative or companion request, one which accompanied the primary request(s) for left and right wrist corticosteroid injections. Since those requests were deemed not medically necessary, the derivative or companion request for associated ultrasound guidance was likewise not medically necessary.