

Case Number:	CM15-0034964		
Date Assigned:	03/03/2015	Date of Injury:	02/15/2006
Decision Date:	04/13/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/24/2015

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: New Jersey, New York
 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:

The injured worker is a 52 year old female, who sustained an industrial injury on 02/15/2006. The diagnoses have included status post right carpal tunnel release, mild right cubal tunnel, left wrist moderate carpal tunnel syndrome, left shoulder sprain/strain, and bilateral wrist tendinitis. Noted treatments to date have included acupuncture and medications. No MRI report noted in received medical records. In a progress note dated 01/13/2015, the injured worker presented with complaints of carpal tunnel syndrome symptoms. The treating physician reported the injured worker reported increased symptoms which is starting to interfere with ability to perform her work and interrupting sleep. Utilization Review determination on 02/05/2015 non-certified the request for 1 Left Shoulder Subacromial Injection under Ultrasound Guidance and 1 Bilateral Carpal Tunnel Injection Under Ultrasound Guidance to 1 Left Shoulder Subacromial Injection and 1 Left Carpal Tunnel Injection under Ultrasound Guidance citing Medical Treatment Utilization Schedule American College of Occupational and Environmental Medicine Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left shoulder subacromial injection under ultrasound guidance: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder, steroid injections.

Decision rationale: The request as stated is medically necessary. The patient has received a previous subacromial injection with improvement in symptoms for 6 months. However, pain has returned and according to ODG guidelines, a repeat injection is indicated. Imaging may improve accuracy but not necessarily efficacy. As such, I am reversing the UR decision and consider this request to be medically necessary.

1 bilateral carpal tunnel injection under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Carpal tunnel syndrome: Injections.

Decision rationale: The request is not considered medically necessary as stated. The patient has had previous injection for carpal tunnel of bilateral wrists. The left wrist responded well to the injection while the right wrist did not have much improvement. According to ODG guidelines, a single injection is recommended and repeat is only recommended on a case-by-case basis if there was a response from the initial injection. Because the right wrist did not have any improvement from the injection, it is not necessary to repeat the injection. Bilateral repeat injections of the wrists is not medically necessary.