MAXIMUS Federal Services

Case Number:	CM15-0036517		
Date Assigned:	03/05/2015	Date of Injury:	05/30/2012
Decision Date:	04/20/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/26/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47 year old female, who sustained an industrial injury on 5/30/12. The PR2 dated 2/11/15 noted that the injured worker has complaints of right shoulder pain increased with activity and right wrist pain increased with certain movements. The diagnoses have included pain, wrist/forearm; myofascial pain syndrome/fibromyalgia and long-term (current) use of other medications. The documentation noted that the injured worker has had injection of the right carpal tunnel on 2/19/14 and 6/12/14 that helped her greatly. According to the utilization review performed on 1/27/15, the requested Injection with methylprednisolone right carpal tunnel has been non-certified. Official Disability Guidelines, Carpal Tunnel Syndrome (Acute and Chronic) was used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection with methylprednisolone right carpal tunnel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 hand/wrist chapter, Injection pain chapter, injections.

Decision rationale: The patient was injured on 05/30/12 and presents with right shoulder pain and right wrist pain. The request is for an INJECTION WITH METHYLPREDNISOLONE RIGHT CARPAL TUNNEL. The RFA is dated 01/15/15 and the patient is to return to full duty on 01/07/15. ACOEM guidelines page 265 is in Chapter 11 "Forearm, Wrist and Hand Complaints" and the topic "Physical Methods" states that most invasive techniques, such as needle acupuncture and injection procedures, have insufficient high quality evidence to support their use. The exception is corticosteroid injection about the tendon sheaths or, possibly, the carpal tunnel in cases resistant to conservative therapy for 8 to 12 weeks. ODG guidelines have the following under the hand/wrist chapter regarding Injection, Recommended for Trigger finger and for de Quervain's tenosynovitis as indicated below: de Quervain's tenosynovitis: Injection alone is the best therapeutic approach. Trigger finger: There is good evidence strongly supporting the use of local corticosteroid injections in the trigger finger. ODG guidelines under the pain chapter, under injections states: Pain injections general: Consistent with the intent of relieving pain, improving function, decreasing medications, and encouraging return to work, repeat pain and other injections not otherwise specified in a particular section in ODG, should at a very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain medications, improved function, and/or return to work. The 01/14/15 report states that the patient has had 2 prior injections "which helps immediately". Patient has history of bilateral carpal tunnel syndrome. The dates of these prior injections are not provided. In this case, the treating physician has failed to document at least 50% pain decrease, improved function, medication reduction or return to work status with prior injection. Given such, recommendation cannot be made for a repeat injection. This request IS NOT medically necessary.