

Case Number:	CM15-0050899		
Date Assigned:	03/24/2015	Date of Injury:	02/10/2014
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/17/2015

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: Massachusetts

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 57-year-old female with an industrial injury dated February 10, 2014. The injured worker diagnoses include chronic cervical strain, rule out cervical radiculopathy/ spondylosis and rule out right carpal tunnel syndrome. Treatment consisted of prescribed medications, physical therapy, chiropractic treatments and periodic follow up visits. In a progress note dated 1/07/2015, the injured worker reported continuous neck pain radiating to the right cervicobrachial region and the periscapular region. Physical exam revealed positive Tinel sign over the right carpal tunnel. The treating physician prescribed services for right carpal tunnel injection now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Carpal Tunnel Injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic), Injections.

Decision rationale: The claimant is more than one-year status post work-related injury and continues to be treated for chronic neck and right upper extremity pain. Electrodiagnostic testing on 01/13/15 included findings of moderate right carpal tunnel syndrome. When seen on 02/09/15 Naprosyn was being prescribed. A carpal tunnel injection is recommended as an option in conservative treatment. In this case, the claimant has complaints and electrodiagnostic testing consistent with carpal tunnel syndrome. Medications have included Naprosyn. The claimant continues to work. Although there are other treatments such as splinting that would be considered in the conservative treatment of carpal tunnel syndrome, splinting is not required prior to consideration of an injection. Therefore, the requested right carpal tunnel injection was medically necessary.