

Case Number:	CM15-0058216		
Date Assigned:	04/17/2015	Date of Injury:	07/31/2012
Decision Date:	05/19/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/26/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 46 year old female, who sustained an industrial injury on 7/31/2012. She reported wrist pain. The injured worker was diagnosed as having bilateral wrist pain. Treatment to date has included medications and stretching. The IW reported that stretching exercises was helpful in decreasing pain and increasing function. The request is for right carpal tunnel injection. On 1/6/2015, she was seen for hand pain. She rated her pain as 6-9/10 for the right hand. There was associated numbness sensation in the hands. The records indicated stretching helps. The treatment plan included physical therapy, UDS, and electro diagnostic studies, trial of Lyrica and Mobic and steroid / lidocaine injection. The IW is also utilizing gabapentin and Citalopram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Carpal Tunnel Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Hands and Upper extremities.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of severe chronic musculoskeletal pain that did not respond to conservative treatments with medications and PT. The records indicate that the patient reported significant pain relief and functional improvement with utilization of home exercise and stretching programs. The patient was recently started on Lyrica and NSAIDs. The dose had not yet been titrated to optimum therapeutic dosage schedule. The patient had not failed conservative treatments. The criteria for right carpal tunnel injection was not met. Therefore, the requested medical treatment is not medically necessary.