

<b>Case Number:</b>	CM15-0058492		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	11/23/2011
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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 York  
 Certification(s)/Specialty: Internal 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 injured worker is a 52 year old female, who sustained an industrial injury on 11/23/2011. She reported sustaining injuries secondary from intervening with a combative person during work. The injured worker was diagnosed as having status post lumbar four to five 360 degree lumbar spinal fusion, residual hyperalgesia and sciatica with the left greater than the right, left greater than the right shoulder pain secondary to bursitis, left greater than the right carpal tunnel syndrome, and left trigger thumb. Treatment to date has included medication regimen, chiropractic therapy, multiple lumbar epidural injections, acupuncture, lumbar magnetic resonance imaging, status post lumbar laminectomies, status post removal of a subdural hematoma, and physical therapy. In a progress note dated 02/26/2015 the treating physician reports complaints of moderate pain to the lower back with radiation to bilateral legs, and associated symptoms of numbness to the left leg along with some in the right leg. The injured worker has complaints of intermittent to constant burning pain to the bilateral wrists and hands with the left being greater than the right along with locking and pain of the left thumb and night time numbness and cramps in the hand. The injured worker also has complaints of frequent pain to the bilateral shoulders with the left greater than the right with clicking and catching noises noted. The treating physician requested cortisone injections to bilateral carpal canal for treatment of carpal tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cortisone injections to bilateral carpal canal:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

**Decision rationale:** ACOEM states that cortisone injection therapy for treatment of carpal tunnel syndrome is indicated if there has been a failure of conservative therapy for a period of 8 to 12 weeks. There is no documentation that the claimant has undergone any significant trial of conservative therapy including medical therapy and wrist splinting. Medical necessity for the requested service is not established. The requested service is not medically necessary.