

Case Number:	CM15-0059732		
Date Assigned:	04/06/2015	Date of Injury:	02/13/2005
Decision Date:	05/05/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/30/2015

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:

This 63 year old woman sustained an industrial injury on 2/13/2005 due to cumulative trauma. Evaluations include cervical spine CT scan dated 8/28/1998, cervical spine x-rays dated 5/12/1999, lumbar spine MRI dated 7/12/1999, bilateral wrist x-rays dated 4/14/2000, left shoulder x-rays dated 12/13/2002, lumbar spine x-rays dated 4/30/2003, lumbar spine MRI dated 5/8/2003, electrodiagnostic studies dated 1/22/2004, bilateral feet x-rays dated 9/28/2004, left shoulder x-rays dated 11/16/2005, left shoulder MRI scan dated 1/8/2006, electrodiagnostic studies of the upper extremities dated 1/19/2006 and 12/12/2006, right shoulder MRI dated 4/16/2007, low back MRI and bilateral knee x-rays dated 8/9/2007, left foot x-rays dated 10/2/2007, electrodiagnostic studies of the bilateral upper extremities dated 3/6/2008, lumbar and cervical spine MRI dated 9/29/2008, electrodiagnostic studies of the bilateral lower extremities dated 10/16/2008. Diagnoses include lumbar spine strain, left shoulder and bilateral wrist strain, status post left thumb and index finger trigger finger release, status post right carpal tunnel release, and bilateral shoulder surgeries. Treatment has included oral medications, surgical intervention, hot compress, carpal tunnel injection, and physical therapy. Physician notes from an agreed medical evaluation dated 9/16/2014 show complaints of pain to the neck, bilateral shoulders, bilateral upper extremities, and back. Recommendations include further surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral carpal tunnel injections under ultrasound guidance: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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 10 years status post work-related injury and continues to be treated for carpal tunnel syndrome. The claimant underwent a right carpal tunnel release in 2002 and has had multiple electrodiagnostic tests showing findings of bilateral carpal tunnel syndrome. A left carpal tunnel release is being planned. A carpal tunnel injection is an option in conservative treatment. Additional injections are only recommended on a case-to-case basis. Repeat injections are only recommended if there is evidence that a patient who has responded to a first injection is unable to undertake a more definitive surgical procedure at that time. In this case, the claimant has ongoing symptoms of carpal tunnel syndrome supported by electrodiagnostic test results. Left carpal tunnel surgery has not been authorized and no other treatments for the right wrist are being planned. Complications include possible nerve injury which would be less likely with a guided injection. Therefore, the requested injections with ultrasound guidance is medically necessary.