

<b>Case Number:</b>	CM15-0081930		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	04/24/2003
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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 59 year old female, who sustained an industrial injury on 4/24/2003. Diagnoses include status post right epicondylectomy, status post right cubital tunnel release (6/18/2013), status post right medial epicondylectomy, right shoulder impingement, right shoulder tendinitis, bilateral wrist tendinitis, insomnia, gastritis and bilateral carpal tunnel syndrome. Treatment to date has included diagnostics including EMG (electromyography), surgical intervention and medications. Per the Primary Treating Physician's Progress Report dated 3/17/2015, the injured worker reported pain to neck, shoulder and arm, which is the same. Physical examination of the right shoulder revealed flexion to 140 degrees, abduction 140 degrees, extension 40 degrees, adduction 50 degrees, internal rotation 80 degrees, and external rotation 70 degrees. There was tenderness of the rotator cuff. Left elbow ranges of motion were flexion 125 degrees, extension full, pronation 80 degrees and supination 80 degrees all with pain. There was right wrist tenderness over the distal radial ulnar junction with positive Phalen's and Tinel's. Ranges of motion included flexion of 50 degrees, extension 45 degrees, radial deviation 15 degrees and ulnar deviation 20 degrees. The plan of care included, and authorization was requested for an ultrasound guided cortisone injection for the right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound guided cortisone injection for right wrist:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 two years status post work-related injury and continues to be treated for right upper extremity pain. Treatments have included a right carpal tunnel release. When seen, pain was interfering with activities of daily living. The claimant was continuing to work. Ongoing treatments included medications. Physical examination findings included positive right Phalen's and Tinel's tests. Repeat EMG/NCS testing on 02/11/15 had shown findings consistent with carpal tunnel syndrome. Authorization for an ultrasound guided right carpal tunnel injection was requested. A single carpal tunnel injection is an option in conservative treatment. In this case, the claimant has complaints, physical examination findings, and recent electro diagnostic testing consistent with ongoing right carpal tunnel syndrome. The requested injection would be expected to provide both diagnostic information and potential therapeutic benefit. Complications include possible nerve injury, which would be more likely due to the claimant's history of surgery. The requested injection with ultrasound guidance is medically necessary.