

<b>Case Number:</b>	CM15-0084539		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	02/05/2015
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/03/2015

### 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: Florida

Certification(s)/Specialty: Family Practice

### 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 30-year-old female, who sustained an industrial injury on 02/05/2015. She has reported subsequent bilateral wrist pain and was diagnosed with carpal tunnel syndrome. Treatment to date has included oral pain medication, application of ice and physical therapy. In a progress note dated 02/20/2015, the injured worker complained of bilateral wrist pain. Objective findings were notable for sensory deficit in the radial nerve distribution of the left wrist and positive Phalen's test of the bilateral wrists. A request for authorization of treatment for possible steroid injections with orthopedist of the bilateral wrists was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Treatment for possible steroid injections with orthopedist, bilateral wrists:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines occupational practice medicine guidelines, page(s) 2-3 Page(s): occupational practice medicine guidelines, page(s) 2-3.

**Decision rationale:** This patient had a positive EMG/NCS in 4/2015 showing carpal tunnel syndrome findings bilaterally. The primary physician has appropriately requested referral to an orthopedic physician for further treatment and for possible injections. This request is found to be medically necessary and appropriate. MTUS guidelines recommend referral in cases where the health care provider has a lack of training in managing the specific entity is uncertain about the diagnosis or treatment plan, or red flags are present. This request is medically necessary, and is in accordance with MTUS guidelines.