

Case Number:	CM14-0127396		
Date Assigned:	09/23/2014	Date of Injury:	06/26/2010
Decision Date:	10/22/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/12/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 52 year old female with a 6/26/10 injury date. The mechanism of injury was not provided. In a 7/8/14 follow-up, the patient complains of right wrist/hand pain extending to the forearm with numbness and tingling to the thumb, index, and middle fingers. The patient returned to modified work and experienced gradual worsening of right wrist/hand symptoms and has attempted self-treatment with rest and ibuprofen. A recent EMG showed (date unknown) moderate right carpal tunnel syndrome. Objective findings include tenderness over the right wrist dorsal capsule and extensor tendons and muscle groups of the distal forearm, slight tenderness over the flexor tendons and muscle groups and over the first extensor compartment, positive Tinel's sign over the transverse carpal ligament, and positive Phalen's test. There is decreased sensation in the thumb and index fingers, intact gross motor testing, and intact reflexes. Diagnostic impression: right wrist carpal tunnel syndrome. Treatment to date: ibuprofen, rest, home exercise, bracing/splinting. A UR request on 7/18/14 denied the request for right wrist ultrasound guided cortisone injection on the basis that an appropriate trial of conservative therapy for 8-12 weeks has not been done.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided cortisone injection to the right wrist carpal tunnel: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Carpal Tunnel Syndrome Chapter. Other Medical Treatment Guideline or Medical Evidence: Ustun N, Tok F, Yagz AE, Kizil N, Korkmaz I, Karazincir S, Okuyucu E, Turhanoglu AD. Ultrasound-guided vs. blind steroid injections in carpal tunnel syndrome: a single-blind randomized prospective study. *Am J Phys Med Rehabil.* 2013 Nov;92(11):999-1004.

Decision rationale: CA MTUS states that in cases of peripheral nerve impingement, if no improvement or worsening has occurred within four to six weeks, electrical studies may be indicated. The primary treating physician may refer for a local lidocaine injection with or without corticosteroids. In addition, ODG states that corticosteroid injections will likely produce significant short-term benefit, but many patients will experience a recurrence of symptoms within several months after injection. Regarding the use of ultrasound guidance, the article by Ustun N et al showed that both US-guided and blind injections were effective but that US-guided injections showed earlier symptom relief. In the present case, it is clear from the documentation that prior conservative treatment has been tried, including night splinting, home exercises, rest, and NSAIDs. The patient has not been getting better and has EMG-confirmed moderate carpal tunnel syndrome. A carpal tunnel injection would be the next logical step in continuing conservative therapy prior to considering surgery. In addition, the literature appears to support the use of ultrasound-guidance. Therefore, the request for Ultrasound guided cortisone injection to the right wrist carpal tunnel is medically necessary.