

Case Number:	CM14-0132047		
Date Assigned:	08/22/2014	Date of Injury:	08/20/2009
Decision Date:	11/26/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/18/2014

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 Hand Surgery and is licensed to practice in Oregon. 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 who complains of pain in her neck, shoulders, and wrists. Tinel sign is positive at the right wrist. Ultrasound examination shows normal right wrist. Nerve conduction study performed on 12/5/13 shows mild bilateral carpal tunnel syndrome. Her physician recommends steroid injection under ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided - Right wrist carpal tunnel steroid injection: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Am J Phys Med Rehabil. 2013 Nov;92(11):999-1004. Ultrasound-guided vs. blind steroid injections in carpal tunnel syndrome: A single-blind randomized prospective study. UstÄ¼n N1, Tok F, Yagz AE, Kizil N, Korkmaz I, Karazincir S, Okuyucu E, Turhanoglu AD. Rheumatology (Oxford). 2014 Aug 12. pii: keu275. [Epub ahead of print] The role of ultrasound in the diagnosis and management of carpal tunnel syn

Decision rationale: The ACOEM and ODG guidelines support steroid injections as an appropriate initial treatment for carpal tunnel syndrome. According to ACOEM, Chapter 11, page 265, "Most invasive techniques, such as needle acupuncture and injection procedures, have insufficient high quality evidence to support their use. The exception is corticosteroid injection about the tendon sheaths or, possibly, the carpal tunnel in cases resistant to conservative therapy for eight to twelve weeks." The peer literature supports the use of ultrasound for carpal tunnel injection. According to a study by Ustun, et al, "Although both US-guided and blind steroid injections were effective in reducing the symptoms of CTS and improving the function, an earlier onset/better improvement of symptom relief suggests that US-guided steroid injection may be more effective than are blind injections in CTS." According to a study by McDonagh et al, "There is now sufficient evidence to propose a new paradigm for the diagnosis of CTS that incorporates US. US is proposed as the initial diagnostic test in CTS based on similar sensitivity and specificity to NC studies but higher patient acceptability, lower cost and additional capability to assess carpal tunnel anatomy and guide injection." The request is medically necessary and appropriate.