

Case Number:	CM14-0196838		
Date Assigned:	12/05/2014	Date of Injury:	10/12/2011
Decision Date:	01/23/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/24/2014

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 Orthopedic Surgery 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:

The patient is a 44-year-old male who has submitted a claim for lumbar radiculopathy, cervical facet syndrome, cervical radiculopathy, and right wrist pain associated with an industrial injury date of 10/12/2011. Medical records from 2014 were reviewed. The patient complained of right wrist pain. Physical examination of the right wrist showed no erythema, swelling, atrophy or deformity. Both Phalen's and Tinel's sign were negative. Tenderness was noted over the radial side. The electromyography from 2/5/2014 showed no electrodiagnostic evidence of radiculopathy and mononeuropathy. There is an abnormal calculated right carpal tunnel index suggesting possible mild carpal tunnel syndrome but is not established by strict diagnostic criteria. The x-ray of the right wrist from 11/9/2012 demonstrated mild ulnar positive variance with distortion of the triangular fibrocartilage, severe central thinning and a very small perforation or tear measuring less than 2 cm. Treatment to date has included 6 sessions of physical therapy and medications. The utilization review from 11/17/2014 denied the requests for referral to orthopedic surgeon for the right wrist and carpal tunnel injection for the right wrist because the patient did not fulfill diagnostic criteria of carpal tunnel syndrome to warrant such.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral To Orthopedic Surgeon For The Right Wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice guidelines, 2nd Edition (2004), Chapter 7 on Independent Medical Examinations and Consultations, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) <Chapter 7, Independent Medical Examinations and Consultations, page(s) <127>

Decision rationale: As stated on page 127 of the California MTUS American College of Occupational and Environmental Medicine (ACOEM) Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, the patient complained of right wrist pain. Physical examination of the right wrist showed no erythema, swelling, atrophy or deformity. Both Phalen's and Tinel's sign were negative. Tenderness was noted over the radial side. The electromyography from 2/5/2014 showed no electrodiagnostic evidence of radiculopathy and mononeuropathy. There is an abnormal calculated right carpal tunnel index suggesting possible mild carpal tunnel syndrome but is not established by strict diagnostic criteria. The x-ray of the right wrist from 11/9/2012 demonstrated mild ulnar positive variance with distortion of the triangular fibrocartilage, severe central thinning and a very small perforation or tear measuring less than 2 cm. Symptoms persisted despite physical therapy and medications hence the request for a surgical consultation. However, conservative measures were not exhausted to date because of a lack of trial on splinting. Moreover, clinical manifestations are not consistent with carpal tunnel syndrome to warrant the referral. Therefore, the request for referral to orthopedic surgeon for the right wrist is not medically necessary.

Carpal tunnel injection for the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

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, Injections

Decision rationale: The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. The ODG, recommended a single injection as an option in conservative treatment for carpal tunnel steroid syndrome. Corticosteroid injections will likely produce significant short-term benefit, but many patients will experience a recurrence of symptoms within several months after injection. Therapy decisions should branch based on mild versus severe. Carpal tunnel syndrome may be treated initially with a night splint and medications before injection is considered, except in the case of severe CTS (thenar muscle atrophy and constant paresthesias in the median innervated digits). In this case, the patient complained of right wrist pain. Physical examination of the right wrist showed no erythema, swelling, atrophy or deformity. Both

Phalen's and Tinel's sign were negative. Tenderness was noted over the radial side. The electromyography from 2/5/2014 showed no electrodiagnostic evidence of radiculopathy and mononeuropathy. There is an abnormal calculated right carpal tunnel index suggesting possible mild carpal tunnel syndrome but is not established by strict diagnostic criteria. The x-ray of the right wrist from 11/9/2012 demonstrated mild ulnar positive variance with distortion of the triangular fibrocartilage, severe central thinning and a very small perforation or tear measuring less than 2 cm. Symptoms persisted despite physical therapy and medications hence the request for a steroid injection. However, conservative measures were not exhausted to date because of a lack of trial on splinting. Moreover, clinical manifestations are not consistent with carpal tunnel syndrome to warrant the treatment. Therefore, the request for carpal tunnel steroid injection for the right wrist is not medically necessary.