

Case Number:	CM14-0212604		
Date Assigned:	12/30/2014	Date of Injury:	09/28/2012
Decision Date:	02/25/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 42-year-old female with a 9/28/12 date of injury, when she injured her right hand while cleaning the grill. The progress note dated 11/24/14 stated that patient underwent right carpal tunnel steroid injection on 2/12/14 and noted a reduction in pain, an increased tolerance of duties at work and at home, and felt 40 percent better and could do more things without pain for almost 2 months. The progress note indicated that the patient was advised to avoid the surgery and to continue conservative treatments. The patient was seen on 12/19/14 with complaints of continued right wrist and right upper extremity pain. Exam findings revealed normal muscle tone without atrophy in the right upper extremity and 5/5-muscle strength. The progress note indicated that the patient returned to work 3 weeks ago and since then her symptoms slightly increased. The patient wished to continue conservative treatment and not to proceed with the surgery at the time. The diagnosis is carpal tunnel syndrome. EMG/NCS of the right upper extremity dated 8/14/13 revealed: abnormal EMG and NCS of the right upper extremity consistent with moderate to severe carpal tunnel syndrome and no evidence of ulnar or radial neuropathy. Treatment to date: work restrictions, PT, acupuncture, night wrist splint, steroid injection, and medications. An adverse determination was received on 12/2/14; however the determination letter was not available for the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Carpal Tunnel Steroid Injection to the Right Wrist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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, Injections

Decision rationale: The California 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, Official Disability Guidelines 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. Repeat injections are only recommended if there is evidence that a patient who has responded to a first injection is unable to undertake a more definitive surgical procedure at that time. The progress notes indicated that the patient underwent right carpal tunnel steroid injection on 2/12/14. After the injection the patient noted a reduction in pain, an increased tolerance of duties at work and at home, and felt 40 percent better. The patient also stated that she could do more things without pain for almost 2 months. The progress report dated 11/24/14 indicated that the patient was advised to avoid the surgery and to continue conservative treatments. In addition, the progress report dated 12/19/14 indicated that the patient wished to continue conservative treatment and not to proceed with the surgery at that time. Given that the first steroid injection was beneficial for the patient and that the patient did not wish to proceed with the surgery, the request for a second steroid injection would be medically necessary. Therefore, the request for right carpal tunnel steroid injection to the right wrist is medically necessary.