

Case Number:	CM15-0110807		
Date Assigned:	06/17/2015	Date of Injury:	02/28/2014
Decision Date:	07/21/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/09/2015

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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

The injured worker is a 52 year old female who sustained an industrial injury on 02/28/2014. Current diagnoses include bilateral carpal tunnel, bilateral flexor tendonitis, and cervical radiculopathy. Previous treatments included medication management. Previous diagnostic studies include x-rays. Initial injuries included pain in the neck, spine, and bilateral hands with numbness and tingling after being rear ended in a motor vehicle accident. Report dated 05/20/2015 noted that the injured worker presented with complaints that included pain along the bilateral forearms and volar elbows, pain in the bilateral palms with associated swelling, and intermittent numbness and tingling involving all 5 digits. It was noted that the injured worker has not received any treatment for the hands to date. Pain level was not included. Physical examination was positive for limited range of motion, cervical tenderness, positive Lhermitte's, tenderness in the volar forearms, positive Durkan's compression test, positive Tinel's, and positive Phalen's. The treatment plan included recommendation for physical therapy and left carpal tunnel diagnostic therapeutic injection. Disputed treatments include remaining certified (B) hand therapy two times six, retrospective (L) carpal tunnel injection (1 Cc, 6mg Celestone/ 1 Cc Lidocaine), and possible (R) carpal tunnel injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Remaining certified (b) hand therapy two times six: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand Chapter, Physical Therapy; Carpal Tunnel Syndrome Chapter, Physical medicine treatment.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends 1-3 visits for medical treatment of CTS. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS. In light of the above issues, the currently requested additional physical therapy is not medically necessary.

Retro: (L) carpal tunnel injection [1 Cc, 6mg Celestone/ 1 Cc Lidocaine]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand, Injection.

Decision rationale: Regarding the request for retro Left carpal tunnel injection, Occupational Medicine Practice Guidelines state most invasive techniques, such as needle acupuncture and injection procedures, have insufficient high quality evidence to support their use. The exception is corticosteroid injections about the tendon sheaths or, possibly, the carpal tunnel in cases resistant to conservative therapy for eight to twelve weeks. Within the documentation available for review, there is no documentation of failure of conservative therapy. In the absence of such documentation, the currently requested retro left carpal tunnel injection not medically necessary.

Possible (R) carpal tunnel injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand, Injection.

Decision rationale: Regarding the request for right carpal tunnel injection, Occupational Medicine Practice Guidelines state most invasive techniques, such as needle acupuncture and injection procedures, have insufficient high quality evidence to support their use. The exception is corticosteroid injections about the tendon sheaths or, possibly, the carpal tunnel in cases resistant to conservative therapy for eight to twelve weeks. Within the documentation available for review, there is no documentation of failure of conservative therapy. In the absence of such documentation, the currently requested right carpal tunnel injection not medically necessary.