

Case Number:	CM15-0111660		
Date Assigned:	06/18/2015	Date of Injury:	05/02/2014
Decision Date:	07/23/2015	UR Denial Date:	05/29/2015
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 27 year old male who sustained an industrial injury on 5/2/14. The injured worker was diagnosed as having carpal tunnel syndrome. Currently, the injured worker was with complaints of bilateral hand pain. Previous treatments included medication management and physical therapy. On 5/11/14 it was noted the patient had been wearing splints at night but continues to get worse. Previous diagnostic studies included radiographic studies, a magnetic resonance imaging, and electromyography and nerve conduction velocity study. The injured workers pain level was noted as 6/10 with the use of medication and 8/10 without the use of medication. Physical examination was notable for tenderness to palpation to the radial and ulnar side of both wrists, light touch sensation decreased over both thumbs. The plan of care was for bilateral carpal tunnel injection under ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Carpal Tunnel Injection Under Ultrasound Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

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 and Other Medical Treatment Guidelines Am J Phys Med Rehabil. 2013 Nov; 92(11):999-1004.

Decision rationale: Regarding the request for bilateral carpal tunnel injection under U/S (ultrasound) guidance, 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 documentation of failure of conservative therapy including the use of splints. However the use of ultrasound is not established. CA MTUS and ODG are silent in regards to its use with carpal tunnel injections. Current literature has limited studies showing its use when performing the injection. The requesting physician fails to comment on the need for ultrasound for this patient or provide any literature to support its use as clearly being better than a blind approach and unfortunately, there is no provision to modify the current request. In the absence of such documentation, the currently requested bilateral carpal tunnel injection under U/S (ultrasound) guidance is not medically necessary but a bilateral carpal tunnel injection is medically necessary.