

Case Number:	CM15-0115109		
Date Assigned:	06/23/2015	Date of Injury:	08/25/2014
Decision Date:	07/28/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/15/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 26 year old female, who sustained an industrial injury on 8/25/14. She reported pain in bilateral shoulders, elbows, wrists, and hands. The injured worker was diagnosed as having bilateral carpal tunnel syndrome. Treatment to date has included bilateral carpal tunnel injections with Lidocaine and Celestone on 6/4/15, wrist braces, medication, chiropractic treatment, and physical therapy. Currently, the injured worker complains of bilateral hand numbness and tingling. The treating physician requested authorization for a Cortisone injection for the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection - left wrist: Overturned

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, Carpal Tunnel Chapter under Cortisone Injection.

Decision rationale: Based on the 06/04/15 progress report provided by treating physician, the patient presents with bilateral hand numbness and tingling. The request is for cortisone injection, left wrist. RFA with the request was not provided. Patient's diagnosis per QME report dated 03/19/15 included bilateral wrist strain, bilateral carpal tunnel syndrome, and cervical spine complaints, unrelated, rule out cervical radiculopathy. Physical examination on 06/04/15 revealed positive Tinel's and Phalen's test bilaterally. Treatment to date has included wrist braces, chiropractic treatment, physical therapy and medications. Per 05/21/15 report, the patient may return to modified work, per 04/17/15 report. Treatment reports were provided from 12/03/14 - 06/04/15. ACOEM guidelines 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 8 to 12 weeks." ODG guidelines, Carpal Tunnel Chapter under Cortisone Injection states that it recommends a single injection as an option in conservative treatment. Corticosteroid injections will likely produce significant short-term benefit, but many patients will experience a recurrence of symptoms within several months after injection. Additional injections are only recommended on a case-to-case basis. Repeat injections are only recommended if there is evidence that a patient who has responded to the first injection is unable to undertake a more definitive surgical procedure at that time. For ultrasound, ODG guidelines states that it is recommended as an additional option only in difficult cases. High-frequency ultrasound examination of the median nerve and measurement of its cross-sectional area may be considered as an alternative diagnostic modality for the evaluation of CTS. UR letter dated 06/05/15 states "In this case, aspiration of a ganglion cyst is all that is needed for asymptomatic ganglion cyst." Per 06/04/15 report, treater states the patient "has become very symptomatic from the bilateral carpal tunnel syndrome and would like to proceed with bilateral carpal tunnel injections... both carpal tunnels were injected with Lidocaine and Celestone. She tolerated the injection well without complications." This appears to be a retrospective request, since the patient has already had the injection done. In this case, the patient continues with symptoms to the bilateral wrists despite conservative care and has a diagnosis of carpal tunnel syndrome. Guidelines do support initial corticosteroid injection for carpal tunnel syndrome as an option in conservative treatment. There is no indication the patient had prior injection to the LEFT wrist. This request appears reasonable and in accordance with guidelines. Therefore, the request IS/WAS medically necessary.