

Case Number:	CM15-0033493		
Date Assigned:	02/27/2015	Date of Injury:	09/27/2000
Decision Date:	04/13/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/23/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 35-year-old female who sustained a work related injury on September 27, 2000, developed a sharp shooting pain in her right arm from the elbow down to the fingertip while using tools. She complained of pain in the left thumb and wrist radiating up into the right upper extremity. She was diagnosed with carpal tunnel syndrome. The injured worker underwent bilateral carpal tunnel release. Treatments included steroid injections and pain medications. Currently, in January, 2015, the injured worker complained of returned wrist pain with decreased range of motion and movement of the right upper extremity. On February 10, 2015, a request for one right wrist joint steroid injection between February 6, 2015 and March 23, 2015 was non-certified by Utilization Review, noting California Medical Treatment Utilization Schedule Guidelines and American College of Occupational and Environmental Medicine Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right wrist joint steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: According to MTUS guidelines, hand intra articular injection is recommended: "injection of corticosteroids into carpal tunnel in mild to moderate cases of CTS after trial of splinting and medication, in case of DeQuervain's syndrome, tenosynovitis or trigger finger." There is no strong evidence supporting the above indications. In addition, the patient's most recent injection, in June of 2015, did not improve her symptoms. Therefore, the request for 1 Right wrist joint steroid injection is not medically necessary.