

Case Number:	CM15-0091429		
Date Assigned:	07/14/2015	Date of Injury:	06/18/2014
Decision Date:	08/07/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/12/2015

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, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 59 year old male, who sustained an industrial injury on 6/18/14. He has reported initial complaints of bilateral wrist pain. The diagnoses have included right and left median neuropathy, left ulnar neuropathy and trigger finger. Treatment to date has included medications, activity modifications, off work, diagnostics, bracing, physical therapy and other modalities. Currently, as per the physician progress note dated 3/27/15, the injured worker was for follow up visit. It is noted that surgery was recommended but he has declined and would like to continue with conservative treatment. He feels that the symptoms have increased recently; he has right first finger trigger and more tingling and pain in the left hand and now would like to have surgery done. The physical exam reveals diminished sensation left hand to fingertips, sensitivity, positive carpal tunnel; syndrome bilaterally and ulnar sensitivity on the left. There is positive trigger of the right thumb and positive tenderness to palpation over the right volar region. The diagnostic testing that was performed included nerve conduction velocity studies (NCV) of the upper extremities. The current medications included Motrin. The previous diagnostic reports were not noted and there was no previous therapy sessions noted. The physician requested treatment included Right wrist cortisone injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right wrist cortisone injection: Upheld

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): 265, 270.

Decision rationale: According to CA MTUS/ACOEM Chapter 11, Forearm, Wrist and Hand Complaints, page 265 and 270 the initial treatment of Carpal Tunnel Syndrome (CTS) is splinting. When treating with a splint in CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night, and may be used during the day, depending upon activity. There is evidence in this case of mild right carpal tunnel syndrome clinically and by electrodiagnostic studies, but the intended location of the injection is not specified. Based on this the request is not medically necessary.