

Case Number:	CM15-0099196		
Date Assigned:	06/01/2015	Date of Injury:	02/04/2014
Decision Date:	07/08/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/22/2015

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(n) 24 year old female, who sustained an industrial injury on 2/4/14. She reported pain in her right wrist and hand after lifting a heavy object. The injured worker was diagnosed as having bilateral shoulder pain, bilateral thoracic outlet symptoms, chronic pain syndrome and possible carpal tunnel syndrome. Treatment to date has included acupuncture with no benefit, physical therapy, a wrist brace and an EMG/NCV study. As of the PR2 dated 3/17/15, the injured worker reports continued pain in the bilateral upper extremities and hands. She rates her pain 5/10. Objective findings include decreased range of motion in the shoulders, a negative Tinel's sign and diminished sensation in the left hand. The treating physician requested a right carpal tunnel injection with corticosteroids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right carpal tunnel injection with corticosteroids: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome, Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Carpal tunnel release, Injection with anaesthetics and/or steroids Forearm, Wrist, & Hand (Acute & Chronic), Injection.

Decision rationale: The patient was injured on 02/04/14 and presents with bilateral upper extremities pain, hand pain, elbow pain, and stiffness in both shoulders. The request is for right carpal tunnel injection with corticosteroids. There is no RFA provided and the patient has work restrictions of no repetitive gripping or gasping. No continuous manipulation. ODG guidelines, under Carpal tunnel release, Injection with anaesthetics and/or steroids, states that "pain injections general: Consistent with the intent of relieving pain, improving function, decreasing medications, and encouraging return to work, repeat pain and other injections not otherwise specified in a particular section in ODG, should at a very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain medications, improved function, and/or return to work." ODG guidelines, under Hand Chapter, recommend "injections for Trigger finger and for de Quervain's tenosynovitis." The patient has a limited shoulder range of motion and has tenderness to direct palpation with carpal tunnel bilaterally in the area of the flexor tendons. She is diagnosed with bilateral shoulder pain, bilateral thoracic outlet symptoms, chronic pain syndrome, and possible carpal tunnel syndrome. However, the patient does not present with trigger finger or de Quervain's tenosynovitis for which the injection may be indicated. Therefore, the request is not medically necessary