

Case Number:	CM14-0100447		
Date Assigned:	07/30/2014	Date of Injury:	11/15/2010
Decision Date:	09/26/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	06/30/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

There were 56 pages provided for review. The application for independent medical review was signed on June 20, 2014. The request is for a carpal tunnel injection times one. Per the records provided, the date of injury was November 15, 2010. The injured worker had bilateral wrist complaints left greater than right. She had ongoing numbness and tingling in the fingers. There was weakness of the wrist. On exam, there was tenderness over both of the wrists. There was a positive Tinel's and Phalen test. Range of motion was decreased with flexion at 50 and extension at 50. He was advised to continue a home exercise program. The request was for carpal tunnel injection times one. He is a 49-year-old male. The mechanism of injury was not provided. The diagnoses included sacroiliac joint sprain, bilateral wrist tendinitis and bilateral carpal tunnel syndrome. Current medicine, surgery, diagnostic studies and other therapies were not provided. The progress report from March 18, 2014 noted that the patient complains of bilateral thumb, index and middle finger numbness and tingling with difficulty gripping and grasping. There was tenderness over the carpal tunnel region and positive Phalen and Tinel's signs. Range of motion was 50 of flexion and 50 extension. As of April 23, 2014, the symptoms have not changed. As of June 5, 2014, there was bilateral wrist pain at seven out of 10 to 8 out of 10 with associated numbness and tingling into the fingers. There is continued low back pain and loss of motion. The previous reviewer noted that carpal tunnel injections may be recommended if the patient fails to progress with conservative therapy for at least eight to 12 weeks. There was a lack of evidence provided that the patient attempted adequate conservative care to include physical therapy prior to this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carpal Tunnel Injection times 1: 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): 264-265.

Decision rationale: The ACOEM MTUS notes that for patients with mild-to-moderate CTS who opt for conservative treatment, studies show that corticosteroids may be of greater benefit than nonsteroidal anti-inflammatory drugs (NSAIDs), but side effects prevent their general recommendation. The exception is corticosteroid injection about the tendon sheaths or, possibly, the carpal tunnel in cases resistant to conservative therapy for eight to twelve weeks. For optimal care, a clinician may always try conservative methods before considering an injection. In this case, it is not clear that conservative care such as therapy had been exhausted. The request is not medically necessary.