

Case Number:	CM14-0142610		
Date Assigned:	09/10/2014	Date of Injury:	09/25/2012
Decision Date:	10/06/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/03/2014

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 Plastic and Reconstructive Surgery and is licensed to practice in North Carolina, Maryland and Virginia. 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:

The patient is a 54 year old female with a reported date of injury on 9/25/12 who requested bilateral carpal tunnel cortisone injection under ultrasound guidance. Progress report dated 8/11/14 is poorly legible, but notes intermittent numbness and occasional weakness to bilateral hands ongoing. Examination is not clearly legible but does not appear to document an evaluation related to carpal tunnel syndrome, but possibly low back pain. Diagnosis states mild carpal tunnel syndrome, positive EMG with illegible date. Recommendation is made for bilateral injection of the carpal tunnel with ultrasound guidance. Patient has ongoing symptoms, positive physical exam, positive EMG/NCV (Electromyography / Nerve Conduction Velocity) from illegible date and recommended by AME (Agreed Medical Evaluation). Utilization review dated 8/27/14 did not certify the cortisone injections. Reasoning given was that 'A clinical diagnosis of carpal tunnel syndrome with median pattern numbness, positive physical findings and positive history that might respond to injection has not been clearly made.'

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral carpal tunnel cortisone injection, under ultrasound (US) guidance: 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): 260-261, 272..

Decision rationale: The patient is a 54 year old female who is stated to have bilateral mild carpal tunnel syndrome. However, the only medical records provided are poorly legible and from one specific date. These records do not provide enough clear detail in the symptoms and examination to properly diagnose bilateral carpal tunnel syndrome. From page 260, CTS does not produce hand or wrist pain. It most often causes digital numbing or tingling primarily in the thumb, index, and long finger or numbness in the wrist. This has not been adequately documented. From page 261, clinical testing includes many tests that can be performed and documented in the examination findings, which has not been adequately documented for this patient. From page 271, Table 11-7 Injection of corticosteroids into carpal tunnel in mild or moderate cases of CTS after trial of splinting and medication is recommended. However, the patient has not been clearly defined to have carpal tunnel syndrome supported by history and examination findings. In addition, clear documentation of attempted splinting and medication use has not been provided. In summary, based on the medical records provided, the patient has not been clearly diagnosed with bilateral carpal tunnel syndrome supported by history and examination findings. Thus, bilateral carpal tunnel cortisone injection, under ultrasound (US) guidance is not medically necessary and appropriate.