

Case Number:	CM13-0041140		
Date Assigned:	12/20/2013	Date of Injury:	03/29/2012
Decision Date:	02/24/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York and Tennessee. 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 physician 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 62-year-old female with complaints of continuing right wrist, elbow, and shoulder pain after lifting a notebook on March 29, 2012. Diagnoses included right lateral epicondylitis and right ulnar-sided wrist pain. The patient had prior surgical intervention in her right wrist. Treatment included right elbow surgery, physical therapy and joint injections. Physical examination revealed tenderness to the ulnar aspect of her right wrist. Request for authorization for right ulnar wrist injection with ultrasound guidance was submitted on September 19, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Right ulnar wrist injection with ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Medical Treatment Utilization Schedule Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and Hand, Injection.

Decision rationale: Most invasive techniques, such as needle acupuncture and injection procedures, have insufficient high quality evidence to support their use. 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. Wrist injections are recommended for Trigger finger and for de Quervain's tenosynovitis. The patient had been experiencing wrist pain for several months and had prior history of wrist surgeries. Physical examination revealed ulnar-sided tenderness. Range of motion was normal in the wrist. Diagnosis does not include trigger finger, de Quervain's tenosynovitis, or carpal tunnel syndrome. Medical necessity is not established.