

<b>Case Number:</b>	CM13-0056573		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/30/2013
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and New York. 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 a 58-year-old female who reported an injury on 04/30/2013 due to cumulative trauma while performing normal job duties. The patient reportedly developed right shoulder, right wrist, and right hand pain. The patient's treatment history included physical therapy, anti-inflammatory medications, and immobilization. The patient's most recent clinical documentation noted that the patient had continued pain complaints of the right wrist with pain over the right first dorsal extensor tendon rated 7/10 with medications. Objective findings included tenderness to palpation over the medial and lateral epicondyle with a positive Cozen's and reverse Cozen's test bilaterally, and positive Tinel's and bent elbow test bilaterally. The patient's diagnoses included bilateral elbow medial and lateral epicondylitis with cubital tunnel syndrome. The patient's treatment plan included an ultrasound-guided right wrist d'Quervain's injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound guided Right Wrist de Quervains Injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 271-273.

**Decision rationale:** The requested ultrasound-guided right wrist d'Quervain's injection is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine do recommend corticosteroid injections for patients with evidence of peripheral nerve impingement that failed to respond to conservative treatments. The clinical documentation submitted for review does indicate that the patient has had physical therapy, immobilization, and non-steroidal anti-inflammatory medications in an attempt to control the patient's pain. It is also noted that the patient continues to take medications and participates in a home exercise program that may benefit from an adjunct therapy, such as a corticosteroid injection. However, the clinical documentation submitted for review does not provide any evidence that an ultrasound-guided injection would be necessary for this type of injection. The American College of Occupational and Environmental Medicine recommend this type of injection with a local lidocaine injection as an appropriate treatment. There are no exceptional factors noted within the documentation to support extending treatment beyond what is recommended by the guidelines. Therefore, the requested ultrasound-guided right wrist d'Quervain's is not medically necessary or appropriate.