

Case Number:	CM13-0059631		
Date Assigned:	12/30/2013	Date of Injury:	05/12/2009
Decision Date:	05/15/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/02/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 injured worker is a 61-year-old male who reported an injury on 05/12/2009 due to cumulative trauma while performing normal job duties. The injured worker's treatment history included corticosteroid injections, surgical intervention, splinting, and physical therapy. The injured worker's most recent clinical evaluation dated 09/12/2013 documented that the patient had continued complaints of numbness and tingling at the 2nd and 3rd digits of the right hand. Physical findings included bilateral wrist tenderness with a positive 1st extensor compression test and a positive Finkelstein's test. The injured worker's diagnoses included wrist de Quervain's syndrome, bilateral carpal tunnel syndrome, and bilateral degenerative joint disease of the thumb. The injured worker's treatment plan included a refill of medications, participation in a bilateral electrodiagnostic study, a corticosteroid injection, continuation of a home exercise program, and splinting, and follow-up evaluation. The request was made for a de Quervain's ultrasound-guided corticosteroid injection, computerized range of motion testing, and replacement braces. However, no justification for the request was provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRASOUND GUIDANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wysocki, R. W., Biswas, D., & Bayne, C. O. (2012). Injection therapy in the management of musculoskeletal injuries: hand and wrist. *Operative Techniques in Sports Medicine*, 20(2), 132-141.

Decision rationale: The requested ultrasound guidance is not medically necessary or appropriate. California Medical Treatment Utilization Schedule and Official Disability Guidelines do not address ultrasound guidance for corticosteroid injections. Peer-reviewed literature "Injection therapy in the management of musculoskeletal injuries: hand and wrist," states that ultrasound and fluoroscopic guidance are not generally needed for corticosteroid injections of the wrist and hands. Additionally, the appropriateness of the request cannot be determined as it does not identify a body part or provide justification. As such, the requested ultrasound guidance is not medically necessary or appropriate.