

Case Number:	CM14-0133350		
Date Assigned:	08/22/2014	Date of Injury:	08/25/2012
Decision Date:	10/02/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/20/2014

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 Family 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:

This is a 34-year-old female patient who reported an industrial injury to the right wrist on 8/25/2012, over two years ago, attributed to the performance of her usual and customary job tasks. The patient reported right hand and wrist pain. The objective findings on examination included decreased motion in the right wrist, tenderness to palpation over the right AC, right subacromial tenderness, right biceps tendon tenderness and right anterior GH joint; positive Tinel's sign bilaterally; positive Finkelstein test right. The diagnosis was right wrist de Quervain's tenosynovitis. The treatment plan included a right wrist steroid injection and a right wrist brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Wrist Steroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Page 263-264. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand, Injection

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm, wrist, and hand chapter-injections

Decision rationale: There was objective evidence provided to support the medical necessity of the requested right first dorsal compartment corticosteroid injection for the diagnosis of tenosynovitis. The patient was noted to have a positive Finkelstein test and was diagnosed with a radial styloid tenosynovitis. The ODG recommends a corticosteroid injection for de Quervain's tenosynovitis. The objective findings did include findings to the right wrist, as there was a diagnosis of de Quervain's tenosynovitis or radial styloid tenosynovitis, which was attributed to RSI. The CA MTUS; the ACOEM Guidelines 2nd edition and the Official Disability Guidelines recommend up to three corticosteroid injections to the shoulder for impingement; to the wrist for CTS and de Quervain's along with the treatment of trigger fingers. The prescribed right wrist article steroid injection is demonstrated to be medically necessary.