

Case Number:	CM14-0153076		
Date Assigned:	09/23/2014	Date of Injury:	09/04/2012
Decision Date:	10/24/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/19/2014

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 Occupational 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 37-year-old male with a 9/4/12 injury date. The mechanism of injury was a motor vehicle accident. The reports are handwritten and generally illegible. In an 8/8/14 report, the patient complains of bilateral knee pain with prolonged walking and standing, and bilateral wrist pain. No objective findings are recorded. The diagnoses are illegible. There are no relevant diagnostic studies for the knee and wrist. Diagnostic impression: Dequervain's tenosynovitis, knee pain. Treatment to date: cervical fusion (2013), bilateral knee surgery, medications, acupuncture, OrthoStim, epidural steroid injection. A UR decision on 8/29/14 denied the request for Dequervain's injection under ultrasound guidance on the basis that the documentation is not very legible or specific and mostly addresses the spine, and the guidelines do not support the use of ultrasound for these injections. The request for bilateral knee ultrasound guided injections was denied on the basis that the guidelines do not support the use of ultrasound for knee injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dequervain's injection under ultrasound guidance of the bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269;. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Forearm, Wrist, and Hand Chapter.

Decision rationale: CA MTUS states that injections are indicated in cases of peripheral nerve impingement, if no improvement or worsening has occurred within four to six weeks; or a symptomatic ganglion. In addition, ODG states that injections are indicated for Trigger finger and for de Quervain's tenosynovitis. However, the documentation is illegible and does not contain enough objective information to support a diagnosis of tenosynovitis. It is not clear whether the intended injections are going to contain a corticosteroid. In addition, the guidelines do not support the use of ultrasound as being particularly efficacious in this application. Therefore, the request for De Quervain's injection under ultrasound guidance of the bilateral wrists is not medically necessary.

Bilateral knee injections under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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 Official Disability Guidelines (ODG): Knee and Leg Chapter.

Decision rationale: CA MTUS does not address this issue. ODG supports corticosteroid injections for short-term use in the evaluation/management of patellofemoral injuries and/or osteoarthritis of the knee. However, the documentation is illegible and does not contain enough objective information to support a specific diagnosis in the knees. It is not clear whether the intended injections are going to contain a corticosteroid. In addition, the guidelines do not support the use of ultrasound as being particularly efficacious in knee injections. Therefore, the request for Bilateral knee injections under ultrasound guidance is not medically necessary.