

<b>Case Number:</b>	CM14-0162471		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	02/21/2014
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 32-year-old female with a date of injury of 02/21/2014. According to progress report 08/28/2014 by [REDACTED], the patient presents with complaints of cervical spine, left shoulder, and bilateral wrist and hand pain. Examination of the left hand revealed dorsiflexion 45 degrees, volar flexion 45 degrees, radial deviation 15 degrees, and ulnar deviation 20 degrees. There was abnormal two point discrimination of the left medial nerve distribution and decreased grip strength and sensation noted in the left hand. This is a request for ultrasound-guided corticosteroid injection to the left wrist. The listed diagnoses per [REDACTED] are:

1. Cervical sprain/strain with radiculitis/radiculopathy.
2. Left shoulder tendinitis, impingement.
3. Right shoulder sprain/strain.
4. Left elbow sprain/strain, rule out lateral epicondylitis.
5. Left wrist sprain/strain.
6. Left hand sprain/strain, rule out tendinitis, carpal tunnel syndrome.
7. Thoracic spine sprain/strain.
8. Lumbar spine sprain/strain.
9. Right hand sprain/strain, rule out internal derangement.
10. Symptoms of anxiety and depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound Guided Corticosteroid Injection, Left Wrist: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.ncbi.nlm.nih.gov/pubmed/22552767>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) wrist/hand chapter, recommends corticosteroid injections

**Decision rationale:** This patient presents with bilateral shoulder, left elbow, and bilateral hand and wrist complaints. This is a request for ultrasound-guided corticosteroid for the left wrist. The treater states the injection is to alleviate pain and discomfort. The treater further states that ultrasound-guided injections have several advantages over traditional injections. ODG guidelines under its wrist/hand chapter, recommends corticosteroid injections for trigger finger and for de Quervain's. The medical file does not indicate that the patient has tried injections for the left wrist complaints. In this case, the treater does not confirm the diagnosis of DeQuervain's or triggers fingers to warrant injection therapy as discussed in ODG. ODG guidelines do not support injections for other conditions. The requested Ultrasound Guided Corticosteroid Injection is not medically necessary.