

<b>Case Number:</b>	CM14-0172098		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	03/25/2013
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 female who reported injury on 03/25/2013. The injury was reported to have occurred while using a ratchet at work. The diagnoses included: right wrist pain, status post corticosteroid injection times 2, resolved; right pisotriquetral arthritis, status post corticosteroid injection times 1, resolved; and left ulnar wrist pain, status post corticosteroid injection times 1; and positive possible pisotriquetral arthritis. Past treatments have included 1 corticosteroid injection. An MRI of the left wrist revealed no occult fractures, bony destructive changes, or a vascular necrosis. The carpal and intercarpal relationships were within normal limits, tendons, ligaments, and soft tissues were unremarkable, and the triangular fibrocartilage was intact. The surgical history was not included. The most recent note progress note, dated 05/05/2014, noted the injured worker complained of pain to her left wrist in the area of the pisiform of her left wrist. The physical examination revealed no tenderness at the triquetrum of the left wrist. Significant pain was elicited when the pisiform was manually moved overlying the triquetrum. The medications were not listed. The treatment plan noted the first corticosteroid injection provided the injured worker relief within the triquetrum, and recommended CT evaluation of the left wrist with lidocaine or corticosteroid injection thereafter. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) cortisone injection to the left wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

**Decision rationale:** The request for one (1) cortisone injection to the left wrist: is not medically necessary. The injured worker had un-measured pain to her left wrist. The California MTUS/ACOEM Guidelines recommend corticosteroid injections as an optional treatment for cases of moderate tendinitis. There is a lack of documentation of the severity of the pain. There are no soft tissue abnormalities on the CT scan of the left wrist. There is no documentation provided indicating the injured worker's current condition to establish medical necessity for the cortisone injection. There is a lack of documentation to suggest that more conservative therapies have failed to control her pain. Given the above, the use of a cortisone injection to the left wrist is not indicated or supported by the evidence based guidelines at this time. Therefore, the request is not medically necessary.