

Case Number:	CM14-0178767		
Date Assigned:	11/03/2014	Date of Injury:	02/22/2013
Decision Date:	12/11/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/28/2014

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, 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:

This injured worker is a 56 year old male with an injury date of 2/22/13. Work status as of 10/02/14: Not working; retired. Based on the 10/02/14 progress report, by [REDACTED], primary complaints for this injured worker are: (R) DeQ (1st ext complex)." The "(L) wrist (R) carp. Tun" has improved and "(R) DeQ remains the same since last exam and the pain level is 3-5/10." The symptoms are "slight, mild, intermittent, frequent, weakness grip, ache, and soreness." Exam notes are as follows: Wrists (R) CTRTender (R) 1st ext complex(-) Tinels(+) FinkelsteinJAMAR (R): 20/18/18 kgJAMAR (L): 30/24/22 kgSensory intactF / E / RD / UDDiagnoses for this injured worker:1. (B) wrist sp, s/p CTR 5/20/13 (R)2. (L) wrist tenoThe utilization review being challenged is dated 10/14/14. The request is for injection of cortisone under ultrasound guidance, for the right De Quervain. The request was denied based on "unclear documentation of signs and symptoms, and no documentation of prior treatments and results of the same." The requesting provider is [REDACTED] and he has provided various reports from 12/02/13 to 10/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection of Cortisone under Ultrasound Guidance for the Right De Quervain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, ODG, Electric Version, Wrist Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist and Hand Chapter, Injection

Decision rationale: Regarding De Quervain's tenosynovitis, ODG guidelines state: "injection alone is the best therapeutic approach and in most patients, symptoms resolve after a single injection." This injured worker has tried occupational therapy x 2 (pre-op), participated in HEP and stretching, and post-op physical therapy (total number of sessions completed is unknown, review of documents do show an RFA for 2x/week for 4 weeks). The 7/08/14 progress report also notes that they are still waiting for authorization of the left upper extremity NCV/EMG, which was requested 12/02/13. In spite of attempts with various treatments modalities, given this injured worker's persistent symptoms, a single injection seems reasonable and within MTUS guidelines for this type of diagnosis. However, the use of ultrasound is not supported by any of the guidelines. It's a simple enough injection with the tendon sheath being injected superficial. This injection does not require ultrasound guidance. The request for Injection of Cortisone under Ultrasound Guidance for the Right De Quervain is not medically necessary.