

Case Number:	CM14-0033839		
Date Assigned:	06/20/2014	Date of Injury:	02/27/2012
Decision Date:	07/29/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/18/2014

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 & Rehabilitation 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 60 year-old patient sustained an injury on 2/27/12 while employed by [REDACTED]. Request(s) under consideration include Cortisone steroid injection for right wrist. Diagnoses include cervical discogenic radiculitis along the right arm; right shoulder impingement syndrome and bicipital tendonitis; right medial and lateral epicondylitis s/p (Status Post) lateral epicondylar release; and right CMC (Carpometacarpal) thumb joint inflammation. Report of 1/22/14 from the provider noted the patient is not working; has constant right arm pain rated at 7/10. She uses Ibuprofen which provided minimal relief. Exam showed right upper extremity abduction 120 degrees, elbow extension/flexion 180/160 degrees and limited right hand and wrist range of motion due to pain and stiffness. Treatment plan included MRIs, EMG (Electromyography), injections, braces, elbow sleeve, cervical collar and cervical pillow along with TENS (Transcutaneous Electric Nerve Stimulation) and medications. Report of 2/25/14 noted ongoing symptoms of right wrist. The patient is requesting for cortisone injection. She has past medical history of Diabetes Mellitus and discussion of elevated blood sugars is likely post injection. Request(s) for Cortisone steroid injection for right wrist was non-certified on 3/3/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone steroid injection for right wrist: Upheld

Claims Administrator 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).

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 Complaints, Injection, pages 167-168.

Decision rationale: According to MTUS and ODG Guidelines, corticosteroid injections may produce short-term pain relief; however, in the long-term, they are less effective in providing pain relief and benefit with high recurrence rates when compared to physical therapy in a functional restoration approach. In addition, cortisone injections have some risks of tendon fraying and even rupture which may not be appropriate in certain patient. Corticosteroid injections may be recommended for diagnoses of de Quervain's tenosynovitis, Trigger finger, and in mild to moderate cases of CTS (Carpal Tunnel Syndrome) after failed treatment trial of splinting and medications; however, this has not been clearly demonstrated here. Corticosteroid injections are not recommended for all chronic hand, wrist and forearm disorders and repeated or frequent injections have not shown evidenced-based efficacy. Submitted reports have not adequately demonstrated the indication or necessity to support for this request. Therefore, The Cortisone steroid injection for right wrist is not medically necessary and appropriate.