

<b>Case Number:</b>	CM14-0036657		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	05/12/2009
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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:

The applicant has filed a claim for chronic wrist pain reportedly associated with an industrial injury of May 12, 2009. Thus far, the applicant has been treated with the following: analgesic medications; reported diagnosis with de Quervain's tenosynovitis and thumb carpometacarpal (CMC) joint osteoarthritis; unspecified amounts of physical therapy over the course of the claim; and reported return to work. In a utilization review report dated March 5, 2014, the claims administrator partially certified a request for an ultrasound-guided de Quervain's tenosynovitis injection as a standard de Quervain's tenosynovitis injection without the proposed ultrasound guidance. The claims administrator stated that the ultrasound guidance portion of the request did not conform to the standard of care. No guidelines were cited. The applicant's attorney subsequently appealed. A February 27, 2014 progress note, handwritten, difficult to follow, not entirely legible, is notable for comments that the applicant reported persistent complaints of wrist pain. The applicant apparently had bilateral wrist pain, right greater than left. The applicant apparently had tenderness about the first extensor tendon compartment. The applicant was diagnosis of de Quervain's tenosynovitis. The applicant was apparently returned to her usual and customary work. Authorization was sought for an ultrasound-guided de Quervain's injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound guided (R) de Quervain's injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Injection.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-7, page 272.

**Decision rationale:** As noted in the MTUS-Adopted ACOEM Guidelines, an initial injection into the tendon sheath is recommended for clearly diagnosed cases of de Quervain's syndrome/tenosynovitis, the issue reportedly present here. Thus, there is no support in ACOEM for the ultrasound-guidance component of the request. Since the request is not in accordance with the ACOEM guidelines recommendations, the request is not medically necessary.