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| Case Number: | CM14-0042176 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 02/01/2013 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 03/20/2014 |
| Priority: | Standard | Application Received: | 04/09/2014 |

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 is a represented [REDACTED] employee who has filed a claim for chronic hand, wrist, thumb, shoulder, and neck pain reportedly associated with an industrial injury of February 1, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; unspecified amounts of chiropractic manipulative therapy; unspecified amounts of acupuncture; unspecified amounts of physical therapy; and a wrist brace. In a Utilization Review Report dated March 20, 2014, the claims administrator apparently modified a request for a de Quervain tenosynovitis corticosteroid injection to an ultrasound injection of the right CMC joint of the wrist. Overall rationale was extremely difficult to follow. It appeared that the claims administrator modified the request on the grounds that the claims administrator believed that the applicant carried a diagnosis of hand and wrist arthritis as opposed to hand and wrist tenosynovitis. Somewhat incongruously, one section of the report stated that the decision was a modification while another section of the report stated that the decision was a denial. The applicant's attorney subsequently appealed. In a later Utilization Review Report, it was incidentally noted that the claims administrator denied a request for a de Quervain release surgery. On April 23, 2014, the applicant's primary treating provider apparently appealed the decision to deny the wrist corticosteroid injection, noting that the applicant had persistent complaints of hand and wrist pain and has developed depression associated with the same. The applicant stated that earlier acupuncture and earlier thumb CMC joint injection had not been effective. The applicant apparently exhibited diminished range of motion about the wrist and a positive Finkelstein maneuver about the same with diminished strength also appreciated.

IMR ISSUES, DECISIONS AND RATIONALES

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

De Quervains sterile injection into the extensor sheath: Overturned

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): 272..

Decision rationale: As noted in the MTUS ACOEM Guidelines in Chapter 11, Table 11-7, page 272, an injection into the tendon sheath is recommended for clearly diagnosed cases of de Quervain syndrome, the diagnosis reportedly present here. In this case, the applicant has pain, tenderness, swelling, and a positive Finkelstein maneuver about the wrist in question. The operating diagnosis does appear to be that of de Quervain tenosynovitis. An injection into the tendon sheath to ameliorate the same is indicated. Therefore, the request is medically necessary.