

Case Number:	CM14-0054362		
Date Assigned:	07/09/2014	Date of Injury:	03/01/2013
Decision Date:	09/03/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/23/2014

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 Nevada. 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 records presented for review indicate that this 50-year-old female was reportedly injured on March 1, 2013. The mechanism of injury is listed in these records reviewed. The most recent progress note, dated February 11, 2014, indicates that there are ongoing complaints of right wrist pain. The physical examination demonstrated a positive Phalen's test of the right wrist and weak grip strength. Diagnostic imaging studies of the right wrist tendinosis any partial tear of the extensor carpi ulnaris as well as a tear of the lunotriquetral ligament. Nerve conduction studies of the right upper extremity revealed mild carpal tunnel syndrome. Previous treatment includes physical therapy and acupuncture as well as to previous steroid injections for the right upper extremity and a wrist brace. A request had been made for a cortisone injection to the right wrist and was not certified in the pre-authorization process on April 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone Injection to the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, online edition, Integrated Treatment/Disability Duration Guidelines, Carpal Tunnel Syndrome (Acute & Chronic), Injections; American College of Occupational and Environmental Medicine - online version, Hand, Wrist and Forearm Disorders - Carpal Tunnel Syndrome.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Injections, Updated February 20, 2014.

Decision rationale: This request does not indicate if this is an intra-articular wrist injection or a carpal tunnel injection. According to the Official Disability Guidelines, repeat steroid injections for carpal tunnel syndrome are only indicated if there has been a response from the first injection and the employee is unable to undertake a more definitive surgical procedure at that time. According to the attached medical record, the injured employee has had two previous injections with no documented improvement. For these reasons, this request for a cortisone injection for the right wrist is not medically necessary.