

Case Number:	CM14-0078859		
Date Assigned:	07/21/2014	Date of Injury:	01/12/2013
Decision Date:	10/09/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/29/2014

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 Illinois. 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 injured worker is a 39-year-old female with a reported date of injury on 01/12/2013. The mechanism of injury was noted to be a twisting injury. Her diagnoses were noted to include status post right wrist synovectomy, right first dorsal compartment tenosynovitis, and right extensor carpi ulnaris. Her previous treatments were noted to include physical therapy, surgery, a thumb splint, wrist wrap, and wrist injections. The progress note dated 03/13/2014 revealed complaints of pain in the wrist as well as the radial and ulnar aspect of the wrist that has worsened. The injured worker revealed she had been given a steroid injection in the first and sixth dorsal compartments and they did not help her pain. The physical examination of the upper extremities revealed tenderness to palpation over the right wrist radial aspect of the first level of the first dorsal compartment, which was also tender on percussion and had a positive Finkelstein's test. The dorsal aspect of the wrist had pain with palpation and resisted extension. There was also sensation of cracking over the dorsal aspect of the wrist with maneuvers of flexion and extension. The ulnar aspect of the wrist had pain with resisted ulnar deviation as well as palpation and percussion over the sixth dorsal compartment. The provider indicated the injured worker had failed conservative management for the first, fourth, and sixth dorsal compartment tendinitis and would be required to undergo a second series of injections. The Request for Authorization was not submitted within the medical records. The request was for steroid injections to the first, fourth, and sixth dorsal compartments of the right wrist due to failure of conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid Injections to the first, fourth, and sixth dorsal compartments of the right wrist:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

Decision rationale: The request for Steroid injections to the first, fourth, and sixth dorsal compartments of the right wrist is not medically necessary. The injured worker has previously received injections to the first and sixth dorsal compartment with no benefit. The CA MTUS/ACOEM Guidelines state symptomatic relief from a cortisone/anesthetic injection will facilitate the diagnosis; however, the benefit from these injections is short lived. Trigger finger, if significantly symptomatic, is probably best treated with a cortisone/anesthetic injection at first encounter, with hand surgery or if symptoms persist after 2 injections by the primary care or occupational medicine provider. The Guidelines state most invasive techniques, such as needle acupuncture and injection procedures, have insufficient high quality evidence to support their use. The exception is the corticosteroid injection about the tendon sheaths or, possibly, the carpal tunnel in cases resistant to conservative therapy for 8 to 12 weeks. The injured worker had preoperative wrist injections in the first and sixth dorsal extensor tendon compartments with no relief. She has ongoing pain to the wrist despite surgery and in fact her pain has worsened. The documentation provided indicated she had no relief with the preoperative injections, and it would not be expected to improve with postoperative injections. Therefore, the request for Steroid injections to the first, fourth, and sixth dorsal compartments of the right wrist is not appropriate at this time. Additionally, the injured worker had not completed physical therapy at the time of the request and there is a lack of documentation of improvement or failure after completing physical therapy. Therefore, the request is not medically necessary.