

Case Number:	CM14-0081215		
Date Assigned:	07/18/2014	Date of Injury:	01/25/2007
Decision Date:	08/25/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/02/2014

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 claimant was injured on 01/25/07. She reportedly struck her watch on a door handle and injured the dorsoradial aspect of the wrist. A methylprednisolone injection to the left wrist is under review. An MRI of the left wrist dated 06/07/08 showed moderate osteoarthritic changes involving the segment between the distal scaphoid and the trapezium. The claimant was diagnosed with osteoarthritis of the scaphotrapezium joint of the left wrist. There was no recent examination submitted for review. On 02/27/13, she still had pain in that region. Finkelstein's was positive. The claimant was diagnosed with osteoarthritis of the left wrist and DeQuervain's and an opponens splint was recommended for the left wrist. She was referred to physical therapy for the splint. She was also seen on 04/10/13 and still had pain. She saw [REDACTED] on 05/22/13. She was status post injections which are not described. A new opponens splint had been recommended because the old one wore out. There is no documentation of a course of rehabilitation, trials of local modalities, or medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection with methylprednisolone to the left wrist: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand, Injections.

Decision rationale: The history and documentation do not objectively support the request for a methylprednisolone injection to the left wrist. The ODG state injections may be recommended for trigger finger and for de Quervain's tenosynovitis. De Quervain's tenosynovitis: Injection alone is the best therapeutic approach. There was an 83% cure rate with injection alone. This rate was much higher than any other therapeutic modality (61% for injection and splint, 14% for splint alone, 0% for rest or nonsteroidal anti-inflammatory drugs). (Richie, 2003) (Lane, 2001) For de Quervain's tenosynovitis (a common overuse tendon injury of the hand and wrist), corticosteroid injection without splinting is the preferred initial treatment (level of evidence, B). In this case, the location of the injection is not clear, including whether it is for the osteoarthritis or the DeQuervain's since both diagnoses are noted. The ODG support injections for De Quervain's but not for osteoarthritis. Also, there is no evidence of an exercise program that has been attempted and failed or is being continued in conjunction with injection therapy as is typically recommended. There is no documentation of failed local modalities or medications for symptom control. The claimant's current status and physical examination findings are unknown. The request for a methylprednisolone injection to the is not medically necessary.