

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0098784 | | |
| Date Assigned: | 07/28/2014 | Date of Injury: | 07/01/2013 |
| Decision Date: | 12/24/2014 | UR Denial Date: | 06/06/2014 |
| Priority: | Standard | Application Received: | 06/27/2014 |

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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:

This is a 62 year old female patient with a date of injury 07/01/2013 described as relative complaint of right hand pain, wrist thumb and index finger associated with opening and closing bottles and writing labels. The patient thought the symptoms would eventually go away; however, instead they persisted and worsened developing a bump to the dorsum of right wrist and hand that extended distally to the middle finger. She has been self treating with over the counter Motrin. The injured noted being reported to employer on 11/06/2013. The initial physician examination on 11/07/2013 showed subjective complaint of right wrist/hand pain that radiated to the right middle digit, right thumb pain and right middle finger pain. Physical findings showed noted oblong shape formation to dorsal wrist with noted tenderness upon palpation. Tinel's sign, Phalen's test and Finkelstein test are positive with difficulty making a tightly closed fist. Radiography at that time noted negative findings and she was diagnosed with right wrist sprain/strain, right de Quervain's tenosynovitis and right third digit extensor tenosynovitis rule out possible rheumatoid arthritis versus osteoarthritis. A rheumatology consultation dated 01/27/2014 described complaint of depression and gastrointestinal upset from medications and gave a work status report of being basically permanent and stationary for the upper extremity overuse syndrome and has reached the point of maximal medical improvement. The Utilization Review denied services of an ultrasound guided injection on 06/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound-guided cortisone injection to the right lateral extensor compartment and right lateral epicondyle/common extensor tendon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 22-24, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Ultrasound-guided cortisone injection to the right lateral extensor compartment and right lateral epicondyle/common extensor tendon is not medically necessary. Per ACOEM Chapter 11, most invasive techniques, such as needle acupuncture and injections procedures, have insufficient high quality evidence to support their use. The exception is corticosteroid injection about the tendon sheaths, or possibly, the carpal tunnel in cases resistant to conservative methods before considering an injection. DeQuervain's tendinitis, if not severe, may be treated with a wrist-and-thumb splint and acetaminophen, then NSAIDs, if tolerated, for four weeks before a corticosteroid injection is considered, Carpal tunnel syndrome may be treated for a similar period with a splint and medications before injection is considered, except in the case of severe carpal tunnel syndrome (thenar muscle atrophy and constant paresthesias in the median innervated digits) Injection is recommended for trigger finger and for de Quervain's tenosynovitis." The claimant was diagnosed with right wrist sprain/strain, right de Quervain's tenosynovitis and right third digit extensor tenosynovitis rule out possible rheumatoid arthritis versus osteoarthritis; however, on 01/27/2014 it was noted that the claimant had a work status report of being basically permanent and stationary for the upper extremity overuse syndrome and has reached the point of maximal medical improvement; therefore, the requested procedure is not medically necessary.