

Case Number:	CM14-0190711		
Date Assigned:	11/24/2014	Date of Injury:	04/01/2013
Decision Date:	01/09/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/14/2014

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 patient is a 27 year old female with an injury date of 04/01/13. As per the progress report dated 10/30/14, the patient complains of elbow and wrist pain, especially over the right extension origin complex and lateral epicondyle. Physical examination, as per progress report dated 10/21/14, reveals tenderness to palpation over her bilateral lateral epicondyles, extensor origin complexes, first dorsal compartments, as well as wrist extensors and flexors. She is experiencing pain with resisted wrist extension bilaterally. The patient also has positive Tinel's and long-finger sign bilaterally. The patient has daily numbness and tingling in digits II and III on the right hand and occasionally in the fifth finger and the ulnar hand, as per progress report dated 09/30/14. The pain is rated at 7-8/10 in the same progress report. The patient uses bilateral wrist braces to manage the condition, as per progress report dated 10/30/14. She also uses the medication Meloxicam with little benefit. The patient has also used Flector and Lidoderm patches and received occupational hand therapy, as per the same progress report. The patient has received steroid injection to the mid forearm on the right side (date not mentioned), as per treating physician's report dated 09/10/14. The Utilization Review Denial Letter states that the patient received "steroid injection to the area of maximal tenderness over the radial tunnel region on the right side on 08/06/14 that gave a number of weeks of good quality relief." The patient has been allowed to work with restrictions, as per progress report dated 10/30/14. Diagnoses, 10/30/14: Chronic bilateral / lateral epicondylitis / extensor origin tendinopathy; Bilateral de Quervain's tenosynovitis; Chronic bilateral wrist extensor and flexor tendinitis; Status-post right lateral epicondylectomy with fascial stripping, first dorsal compartment release, flexor carpi radialis tendon sheath release, and radial tunnel release on 02/28/14. The treating physician is requesting Steroid Injections to first Dorsal Compartment Right and Left Wrist. The utilization review

determination being challenged is dated 11/03/14. The rationale was "patient has already undergone multiple injections, without long-term functional improvement and the medical records did not establish the total number of injections the patient had undergone or clear evidence of functional improvement post injection." Treatment reports were provided from 09/10/14 - 10/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid Injections to First Dorsal Compartment Right and Left Wrist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand, Injection.

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

Decision rationale: The patient is status-post right lateral epicondylectomy with fascial stripping, first dorsal compartment release, flexor carpi radialis tendon sheath release, and radial tunnel release on 02/28/14. She complains of elbow and wrist pain, especially over the right extension origin complex and lateral epicondyle, as per progress report dated 10/30/14. The request is for Steroid Injections to First Dorsal Compartment Right and Left Wrist. ODG guidelines under wrist/hand chapter, injection states, "Recommended for Trigger finger and for de Quervain's tenosynovitis as indicated below. de Quervain's tenosynovitis: Injection alone is the best therapeutic approach. There was an 83% cure rate with injection alone." In this case, the patient has received steroid injection to the mid forearm on the right side (date not mentioned), as per treating physician's report dated 09/10/14. The Utilization Review Denial Letter states that the patient received "steroid injection to the area of maximal tenderness over the radial tunnel region on the right side on 08/06/14 that gave a number of weeks of good quality relief." In progress report dated 09/30/14, the treating physician states that "she may benefit from steroid injections, but I would like to reserve these while she is undergoing eccentric loading strengthening program." In progress report dated 10/30/14, the treating physician states that the patient has not had any type of eccentric loading or strengthening program "which is indicated for her chronic condition." Given the support for local cortisone injections for tendon sheath problem, and given the patient's favorable response from prior injection on the right side, injection trial of left side and repeat injection into right side appear reasonable. The request is medically necessary.