

<b>Case Number:</b>	CM15-0011187		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	05/22/2009
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 45-year-old male, who sustained a work related injury on 5/2/09. The diagnoses have included carpal tunnel syndrome, knee degenerative osteoarthritis, wrist arthralgia and knee meniscus tear. Treatments to date have included oral pain medication, EMG/NCS studies, MRI right shoulder, MRI right knee, x-rays of right knee and bilateral wrists, ice/heat therapy, home exercise program, physical therapy, and bilateral wrist injections. The injured worker complains of low back pain with pain down both legs and bilateral wrist pain with pain into both hands. On 1/9/15, Utilization Review non-certified a request for corticosteroid injection with ultrasound guidance left wrist. The California MTUS, ACOEM Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 corticosteroid injection with ultrasound guidance of the left distal radio-ulnar joint:**  
 Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

**Decision rationale:** ACOEM Guidelines, Chapter 11, Wrist, discusses indications for corticosteroid injections to the wrist. Such injections are indicated for specific diagnoses such as specific types of tendinitis/tenosynovitis or for trigger fingers. This patient does not have a particular specific diagnosis to the wrist for which this injection would be indicated. Therefore, this request is not medically necessary.