

Case Number:	CM15-0145274		
Date Assigned:	08/06/2015	Date of Injury:	05/01/2013
Decision Date:	09/02/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/27/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 45-year-old female with a May 1, 2013 date of injury. A progress note dated July 16, 2015 documents subjective complaints (right wrist pain unchanged; elbow pain worse since last appointment; neck pain and stiffness and shoulder pain), objective findings (tenderness to palpation over medial volar aspect of wrist in area of flexor carpi ulnaris insertion; decreased range of motion of the wrist due to pain; cervical spine with diffuse tenderness; elongate right shoulder versus left shoulder with diffuse non-focal tenderness), and current diagnoses (strain of the right wrist; reflex sympathetic dystrophy of the upper extremity; degenerative disc disease of the cervical spine; cervical radiculitis). Treatments to date have included medications and imaging studies. The medical record indicates that medications help control the pain. The treating physician documented a plan of care that included an ultra-sound guided right wrist injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultra-sound guided right wrist injection: Upheld

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

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

Decision rationale: The ACOEM chapter on wrist complaints states: Most invasive techniques, such as needle acupuncture and injection 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 therapy for eight to twelve weeks. The medical records do not show that injection is for the above diagnoses and therefore the request is not medically necessary.