

Case Number:	CM15-0168006		
Date Assigned:	09/08/2015	Date of Injury:	01/13/2014
Decision Date:	10/07/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/26/2015

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:

The injured worker is a 36 year old female with an industrial injury dated 01-13-2014. The injured worker's diagnoses include cubital tunnel syndrome, medial epicondylitis of elbow, other tenosynovitis of hand and wrist and radial styloid tenosynovitis. Treatment consisted of, prescribed medications, physical therapy and periodic follow up visits. In a progress note dated 07-02-2015, the injured worker reported increase left thumb pain with grip and grasp and bilateral wrist pain. The injured worker rated pain a 5-6 and 6-7 out of 10. Left forearm and wrist exam revealed tenderness to palpitation, decrease range of motion and positive Finkelstein test. The treating physician reported that the ultrasound of the bilateral wrists dated 12-09-2014 revealed negative study. Documents included in the submitted medical records are difficult to decipher. The treating physician prescribed services for Right de Quervain's injection under ultrasound guidance, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right de Quervain's injection under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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. For optimal care, a clinician may always try 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. The patient does not meet criteria as cited above for injection per the provided medical records and the request is not medically necessary.