

<b>Case Number:</b>	CM15-0188428		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	01/09/2009
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: Texas, California  
 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 47 year old female patient, who sustained an industrial-work injury on 1-9-09. The diagnoses include carpal tunnel syndrome, hand pain, and de Quervain's disease. Per the doctor's note dated 9/10/15, she had complaints of pain in the right wrist. Prior steroid injection had greater than 75% improvement. Weakness of the limb persists. The physical examination revealed non antalgic gait, no assistive devices used, normal affect, motor strength 5 out of 5 in the bilateral upper extremities, 4 out of 5 in the right hand, sensation altered and tingling along the right hand, DTR (deep tendon reflexes) 1+ to bilateral biceps, triceps, and brachioradialis, positive Finkelstein's on the right indicative of de Quervain's tendonitis, wrist range of motion diminished, positive Tinel's and Phalen's on the right side and swollen right wrist. The medications list includes Hydrocodone and Gabapentin. Her surgical history includes cesarean section in 1989 and 1991. She has had right wrist MRI dated 6-20-11 which showed mild prominence of median nerve, ganglion cyst and mild tenosynovitis; EMG-NCV (electromyography and nerve conduction velocity test) dated 9-17-12 which revealed carpal tunnel syndrome to the right side. Per the note dated 9/10/15, she had right hand MRI on 12/13/2013 with normal findings. Treatment to date has included medication, injections for De Quervain's tendinitis (last one on 4-2015), physical therapy, and diagnostics. Hand/wrist cortisone injections have been beneficial in the past for this patient lasting relief for more than 4 months. The Request for Authorization requested service to include cortisone injection to right hand. The Utilization Review on 9-17-15 denied the request for cortisone injection to right

hand, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines; Forearm, Wrist, and Hand Complaints 2004.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cortisone injection to right hand:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Forearm, Wrist, & Hand (updated 06/29/15), Injection.

**Decision rationale:** Cortisone injection to right hand. Per the ACOEM guidelines "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." In addition per the ODG, injection is "Recommended for Trigger finger and for De Quervain's tenosynovitis as indicated below. De Quervain's tenosynovitis: Injection alone is the best therapeutic approach." Per the cited guidelines, the patient has diagnoses of carpal tunnel syndrome, hand pain, and De Quervain's disease. The cited guidelines recommended Cortisone injection for De Quervain's disease. In addition, the patient had more than 75 % relief with the previous injection. The patient has tried conservative therapy including medications and physical therapy. The request of Cortisone injection to right hand is medically necessary and appropriate for this patient.