

Case Number:	CM15-0194509		
Date Assigned:	10/08/2015	Date of Injury:	02/13/2012
Decision Date:	11/18/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/02/2015

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: 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 55 year old male, who sustained an industrial injury on 2-13-2012. Diagnoses include osteoarthritis, synovitis, radial styloid tenosynovitis, and recent onset of De Quervain's; and status post right wrist arthrodesis on 6-30-14. Treatments to date include activity modification, occupational therapy, and cortisone injections. The records documented an evaluation on 12-31-15, with reported no changes from previous examinations. The examination documented tenderness of the ulnar PSO triquetral joint region and a steroid injection was administered on that date. On 9-15-15, he complained of no change in symptoms and that the previous injection to the wrist "was not helpful at all." The physical examination documented a positive grind test and positive Finkelstein's test with tenderness along the first extensor compartment. A cortisone injection was provided on this date. The plan of care included additional occupational therapy. The appeal requested cortisone injections for the first extensor compartment sheath, but not the flexor carpi radialis sheath injection. The Utilization Review dated 9-24-15, modified the request to allow for one (1) cortisone injection to the first extensor compartment sheath.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone Injections to Allow For The First Extensor Compartment Sheath Injection, But Not The Flexor Carpi Radialis Sheath Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic) Chapter under Injection and Other Medical Treatment Guidelines ACOEM guidelines page 265.

Decision rationale: The current request is for CORTISONE INJECTIONS TO ALLOW FOR THE FIRST EXTENSOR COMPARTMENT SHEATH INJECTION, BUT NOT THE FLEXOR CARPI RADIALIS SHEATH INJECTION. The patient is status post right wrist arthrodesis on 6-30-14. Treatments to date include activity modification, medications, occupational therapy, and cortisone injections. The patient is not working. ACOEM guidelines page 265: 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 8 to 12 weeks. ODG-TWC. Forearm, Wrist, & Hand (Acute & Chronic) Chapter under Injection states: "Recommended for Trigger finger and for de Quervain's tenosynovitis..." Per report 09/15/15, the patient presents with chronic right wrist pain. The patient reports that previous injection to the wrist "was not helpful at all." The physical examination documented a positive grind test and positive Finkelstein's test with tenderness along the first extensor compartment. This patient presents with ongoing wrist problems, and the treater requested cortisone injections to the first extensor compartment. In this case, the patient reports that the prior cortisone injection was not helpful at all. ODG, pain chapter under Injection with anesthetics and/or steroids states "Pain injections general: Consistent with the intent of relieving pain, improving function, decreasing medications, and encouraging return to work, repeat pain and other injections not otherwise specified in a particular section in ODG, should at a very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain medications, improved function, and/or return to work." Given the lack of efficacy from prior injection, the request IS NOT medically necessary.