

<b>Case Number:</b>	CM15-0199176		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	05/04/2012
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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, Hawaii

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 30 year old female who sustained an industrial injury on May 04, 2012. A primary treating office visit dated August 10, 2015 reported subjective complaint of "bilateral wrist, and elbows with increased pain, shooting pain with numbness and stiffness on the right." There is note of only with numbness and tingling on the left side. There is swelling noted on both hands. Bilateral thumbs with stiffness, weakness and popping on the right. She reports not taking any medications at this time. Objective findings showed positive Finkelstein's to bilateral wrists. The following diagnoses were applied to this visit: overuse syndrome bilateral upper extremities; carpal tunnel syndrome, both wrist; DeQuervain's tendonitis bilateral wrists; carpometacarpal joint inflammation, bilateral thumbs; cubital tunnel syndrome, right elbow; medial epicondylitis, right elbow, and lateral epicondylitis, bilateral elbows. Neurologic follow up dated July 15, 2015 reported current subjective complaint of "numbness tingling involving all five digits of both hands to the wrists, right side greater and to the mid forearm on the right; pain involving the right thumb to the lateral wrist with pain in the right medial elbow; and weakness of bilateral hands." She reports "not taking any medication at this time." The following were applied to this visit: no evidence of focal entrapment neuropathy; overuse syndrome, and DeQuervain's tenosynovitis. Back at primary follow up dated April 27, 2015 the plan of care noted: defer authorization to schedule right carpal tunnel syndrome and DeQuervain's tunnel release due to noncertified. She is to continue with Ibuprofen and Omeprazole. On September 14, 2015 a retrospective request was made for two Cortisone injections, one right lateral epicondyle and one right DeQuervain's tunnel that were non-certified by Utilization Review on September 28, 2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Cortisone injection of Depo Medrol 40mg and Lidocaine 5cc (right lateral epicondyle) DOS 09/14/2015: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online, Elbow Chapter, Injections (corticosteroid).

**Decision rationale:** The patient presents with pain over the left wrist and shooting pain that radiates to the fingers and fingertips. There is increasing pain in the right wrist and increasing pain in the right elbow with a lot of pain in the right thumb and weakness with gripping and grasping both. The current request is for a Cortisone injection of Depo Medrol 40mg and Lidocaine 5cc (right lateral epicondyle). The treating physician report dated 9/14/15 requests a cortisone injection of Depo Medrol 40mg and Lidocaine 5cc (right lateral epicondyle) and a cortisone injection of Depo Medrol 20mg and Lidocaine 3cc (right de Quervain tunnel), the PR-2 was not submitted for review. MTUS does not address corticosteroid injections. ODG states the following: "Not recommended as a routine intervention for epicondylitis, based on recent research. In the past a single injection was suggested as a possibility for short-term pain relief in cases of severe pain from epicondylitis, but beneficial effects persist only for a short time, and the long-term outcome could be poor." In this case, ODG does not recommend this procedure for the treatment of epicondylitis. The current request is not medically necessary.

### **Cortisone injection of Depo Medrol 20mg and Lidocaine 3cc (right de Quervain tunnel) DOS 09/14/2015: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online, Forearm, Wrist and Hand Chapter, Injections (corticosteroid).

**Decision rationale:** The patient presents with pain over the left wrist and shooting pain that radiates to the fingers and fingertips. There is increasing pain in the right wrist and increasing pain in the right elbow with a lot of pain in the right thumb and weakness with gripping and grasping both. The current request is for a Cortisone injection of Depo Medrol 20mg and Lidocaine 3cc (right de Quervain tunnel). The treating physician requests 9/14/15 a cortisone injection of Depo Medrol 40mg and Lidocaine 5cc (right lateral epicondyle) and a cortisone injection of Depo Medrol 20mg and Lidocaine 3cc (right de Quervain tunnel), the PR-2 was not submitted for review. MTUS does not address corticosteroid injections. ODG states the following: Recommended for Trigger finger and for de Quervain's tenosynovitis as indicated below. De Quervain's tenosynovitis: Injection alone is the best therapeutic approach. There was an 83% cure rate with injection alone. This rate was much higher than any other therapeutic modality (61% for injection and splint, 14% for splint alone, 0% for rest or non-steroidal anti-inflammatory drugs). (Richie, 2003) (Lane, 2001) For de Quervain's tenosynovitis (a common

overuse tendon injury of the hand and wrist), corticosteroid injection without splinting is the preferred initial treatment (level of evidence, B). Compared with non-steroidal anti-inflammatory drugs, splinting, or combination therapy, corticosteroid injections offer the highest cure rate for de Quervain's tenosynovitis. In most patients, symptoms resolve after a single injection. Corticosteroid injections are 83% curative for de Quervain's tenosynovitis, with the highest cure rate vs. the use of non-steroidal anti-inflammatory drug therapy (14%), splinting (0%), or combination therapy (0%). For this condition, corticosteroid injection without splinting is the recommended treatment. In this case, the patient is suffering from de Quervain's tendinitis in both wrists for which ODG recommends corticosteroid injections. The current request is medically necessary.