

Case Number:	CM15-0205333		
Date Assigned:	10/22/2015	Date of Injury:	04/09/2015
Decision Date:	12/08/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/20/2015

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 was a 53 year old female, who sustained an industrial injury, April 9, 2015. The injured worker was undergoing treatment for left wrist sprain De Quervain's and cervical sprain musculoligamentous sprain and or strain with left upper extremity radiculitis. According to the progress note of August 19, 2015, the physical exam of the left wrist and hand was tender with palpation. The left wrist was positive for Tinel's, Phalen's, Finkelstein's and decrease range of motion. According to progress note of September 28, 2015, the injured worker's chief complaint was constant moderate neck pain which radiated into the left upper extremity. The pain was rated at 6 out of 10. The pain was described as aching, throbbing, pounding, burning, hot sensation and soreness. The pain was aggravated by head motions. The left wrist pain was rated at 7 out of 10. The pain was associated with sharp piercing and shooting pain. The pain was aggravated by lifting, gripping, and squeezing. The physical exam noted the injured worker held left arm in a guarded posture. There was tenderness present over the left first dorsal extensor compartment. The range of motion of the left wrist was flexion of 45 degrees, extension 40 degrees, radial deviation was 8 degrees and ulnar deviation was 10 degrees, internal rotation was 74 degrees and external rotation was 72 degrees. The Tinel's sign was negative on the left. The injured worker was unable to perform Phalen's testing. The injured worker previously received the following treatments Tramadol ER, Motrin, Tylenol, acupuncture the injured worker stopped treatment according to the progress noted of July 7, 2015. The RFA (request for authorization) dated September 28, 2015, the following treatments were requested injection of the left De Quervain's with ultrasound guidance. The UR (utilization review board) denied certification on October 9, 2015 for an ultrasound of the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound of the left wrist: 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), Forearm, Wrist and Hand - Ultrasound (diagnostic).

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 Chapter, under Ultrasound.

Decision rationale: The patient presents on 09/28/15 with neck pain rated 6/10, lower back pain rated 3-4/10, and left wrist pain rated 7/10 with associated shooting pain in the affected limb. The patient's date of injury is 04/09/15. The request is for ultrasound of the left wrist. The RFA is dated 09/28/15. Physical examination of the left wrist dated 09/28/15 reveals thenar atrophy, a "guarded posture", tenderness to palpation over the first dorsal extensor compartment, decreased range of motion, and positive Tinel's sign. The patient is currently prescribed Ultram. Per 09/28/15 progress note, patient is advised to remain off work for 6 weeks. Official Disability Guidelines, Forearm Wrist & Hand Chapter, under Ultrasound (Diagnostic) has the following: Ultrasound guidance for injections: Not generally recommended. Conventional anatomical guidance by an experienced clinician is generally adequate. Ultrasound guidance for joint injections is not generally necessary, but it may be considered in the failure of the initial attempt at the joint injection where the provider is unable to aspirate any fluid; or the size of the patient's joint, due to morbid obesity or disease process that inhibits the ability to inject the joint without ultrasound guidance. This systematic review confirms that short-term outcome improvements may be present using ultrasound-guided injection techniques but can confirm no difference in long-term outcome measures using either technique. Ultrasound guidance may improve the accuracy of joint injections and reduce procedural pain in some cases, but the data does not support improved clinical outcomes from ultrasound guidance generally for any joint injections, and it should not be a substitute for lack of clinical skill or experience, so injections can be done by less qualified personnel. US guidance for corticosteroid injection of an inflamed joint (shoulder, elbow, wrist, knee, or ankle) allows a trainee to rapidly achieve higher accuracy than a more experienced clinician, but it does not improve the short-term outcome of joint injection. Some areas are difficult to hit with an injection, such as SI joints or pancreatic ducts, but wrist injections should not generally require ultrasound guidance. In this case, the provider is requesting a left wrist de Quervain's corticosteroid injection to be performed under ultrasound guidance. Addressing the rationale for this injection, the provider states: "There is decreased range of motion of the left wrist in all planes. Finkelstein's test is positive on the left. She is diagnosed with left wrist sprain de Quervain's. Therefore, the above mention signs, symptoms indicates the need for left de Quervain's injection with ultrasound guidance to relieve her pain." [sic] While guidelines do provide support for such injections, which would be considered appropriate given this patient's presentation, the request for ultrasound guidance is excessive.

ODG wrist chapter specifically indicates that ultrasound guidance is not generally recommended except in cases where an initial injection fails to reach the target, or in patient's whose anatomical structure requires more precise guidance, i.e. morbid obesity or deformity. The documentation provided includes no discussion of previous injection failures, nor any indication that this patient has anatomical complications which would require more precise guidance for the requested procedure. Therefore, the request is not medically necessary.