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| Case Number: | CM15-0207652 | | |
| Date Assigned: | 10/26/2015 | Date of Injury: | 02/11/2014 |
| Decision Date: | 12/07/2015 | UR Denial Date: | 10/02/2015 |
| Priority: | Standard | Application Received: | 10/22/2015 |

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 30 year old female, who sustained an industrial injury on 2-11-2014. A review of the medical records indicates that the injured worker is undergoing treatment for right lateral epicondylitis and right dorsal wrist tendinitis and mild de Quervain's tenosynovitis. On 9-16-2015, the injured worker reported continued right elbow symptoms with right wrist symptoms somewhat improved. The Primary Treating Physician's report dated 9-16-2015, noted the injured worker's current medication was Tylenol as needed with non-steroid anti-inflammatory drugs (NSAIDs) noted to be previously ineffective. The physical examination was noted to show full range of motion (ROM) of the right elbow and wrist with tenderness over the right lateral epicondyle, pain with resisted wrist extension and some very mild tenderness over the right first dorsal compartment. The Physician noted "she has trialed extensive conservative care, including long periods of rest, work modifications, anti-inflammatory medications chiropractic care, physical therapy, and acupuncture, but remains symptomatic". Prior treatments and evaluations have included 12 sessions of chiropractic treatments, 12 sessions of physical therapy, acupuncture, Acetaminophen, Relafen, and a normal nerve conduction study (NCS) with no evidence of neuropathy in the right upper extremity. The treatment plan was noted to include request for authorization for right elbow and right wrist steroid injections. The injured worker's work status was noted to be permanent and stationary. The request for authorization dated 9-22- 2015, requested steroid injections, right elbow and right wrist. The Utilization Review (UR) dated 10-2-2015, denied the request for steroid injections, right elbow and right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid injections, right elbow and right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care.

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. The provided documentation does not show carpal tunnel syndrome of significant tendon pathology. There is not documented failure of conservative treatment. Therefore the request is not medically necessary.