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| <b>Case Number:</b>   | CM15-0022094 |                              |            |
| <b>Date Assigned:</b> | 02/11/2015   | <b>Date of Injury:</b>       | 03/22/2014 |
| <b>Decision Date:</b> | 04/02/2015   | <b>UR Denial Date:</b>       | 01/30/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/05/2015 |

### 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: Orthopedic Surgery

### 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 58 year old male, who sustained an industrial injury reported on 3/22/2014. He has reported constant left wrist and ankle pain, and radiating low back pain. The diagnoses were noted to have included left wrist tendonopathy with hairline fracture of distal radius, involving the articular surface and suspect hairline impacted fracture of the proximal aspect of the first metacarpal, and co-existing tissue swelling and joint effusion; and chronic myofascial pain syndrome. Treatments to date have included consultations; diagnostic imaging studies; electrodiagnostic studies of the upper extremities, revealing bilateral carpal tunnel syndromes, left > right, and bilateral ulnar neuropathy; and medication management. The work status classification for this injured worker was noted to be temporarily totally disabled. Exam 1/24/15 demonstrate left wrist pain. Exam demonstrates restricted range of motion, positive Finkelstein's test and tenderness over the snuffbox. On 1/30/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/16/2015, for a left wrist corticosteroid injection. The Official Disability Guidelines, left wrist corticosteroid injection, hand injection, was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Wrist Corticosteroid Injection:** 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), Hand Injection, de Quervain's Tenosynovitis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand, Injection.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of wrist injection. Per the ODG, Forearm, Wrist and Hand, Injection, for De Quervain's tenosynovitis, injection alone is the treatment of choice. In this case the exam note of 1/24/15 clearly demonstrates DeQuervain's. Therefore the determination is for certification.