MAXIMUS Federal Services

Case Number:	CM15-0214287		
Date Assigned:	11/04/2015	Date of Injury:	08/21/2014
Decision Date:	12/29/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/30/2015

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: Maryland, Virginia, North Carolina
Certification(s)/Specialty: Plastic 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 38 year old female who sustained an industrial injury on August 21, 2014. The worker is being treated for: subacute onset lower back pain, lumbosacral sprain, right wrist strain. Subjective: May 19, 2015 she reported intermittent moderate low back pain. October 22, 2014 she reported current complaint of 60% of pain in lower back, right side primarily, 10 5 of pain in the right scapular region and 30% into bilateral groins with associated intermittent numbness and tingling down both legs in to soles of feet. The back pain, and groin pain are described as an aching sensation and right shoulder pain noted burning sensation. Objective: May 19, 2015 noted lumbar ROM noted decreased and painful: flexion at 35 degrees, extension 15 degrees, and bilateral bending at 20 degrees. A SLR and Kemp's maneuver caused pain. October 22, 2014 noted positive for depression, headaches and dizziness. The lumbar spine noted tenderness to palpation in the right lower facet joint region of L4 and 5 and L5 and S1. Lumbar ROM: flexion 50 degrees, extension 10 degrees, and bilateral bending at 25 degrees. There is more pain noted on the right side lower lumbar region upon extension. There is normal sensation to light touch throughout bilateral lower extremities. Diagnostic: August 2014 radiographic study, MRI February 2015, August 10, 2015 EMG NCV. Medication: October 22, 2014: Ibuprofen, Naproxen, Nabumetone, and Methocarbamol. Treatment: October 22, 2014 noted treatment to date: medications, 5 sessions of physical therapy (that initially helped through the last visit which only caused her more pain), with note of not having had chiropractic care or epidural injections as of yet: activity modifications, medications, April 2015 chiropractic and physical therapy session. On September 28, 2015 a request was made for an US guided first

dorsal compartment injection to the right wrist that was noncertified by Utilization Review on September 30, 2015. Conservative management of a right wrist sprain/pain has included a thumb spica splint, as well as medical management and physical therapy. Documentation from 4/7/15 noted a right wrist with a negative Finkelstein's sign. Electrodiagnostic studies are reported as normal for the right upper extremity. Documentation from 8/6/15 noted a negative Finkelstein's sign with tender thenar muscle with decreased grip. She is noted to have mild carpal tunnel syndrome findings and mild DeQuervain's findings but none of these reproduce her symptoms. An MRI of the right wrist was planned. MRI results from 8/27/15 noted mild flexor carpi radialis tenosynovitis; however, in the body of the findings, it appears that there was mild tenosynovitis of the 2nd dorsal compartment(extensor carpi radialis). Documentation from 8/27/15 notes the patient continues with 5/10 dorsal right wrist pain and symptoms of numbness of the small finger and ring finger. Examination notes mild tenderness over the 1st dorsal compartment and negative Finkelstein's sign. Plan was for RFA u/s guided injection of the first/second dorsal compartment intersection zone. Injection to be done for diagnostic and therapeutic purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Guided First Dorsal Compartment Injection to the Right Wrist: 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).

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

Decision rationale: The patient is a 38 year old female with dorsal wrist pain that has failed conservative management of activity modification, medical management, splinting and physical therapy. She continued to have pain over her dorsal wrist in the area of the 1st and 2nd extensor compartments. MRI evaluation noted mild tenosynovitis of the 2nd dorsal compartment. Although Finkelstein's signs continues to be negative, there is enough clinical documentation related to pain associated with the 1st and 2nd dorsal compartments to warrant a steroid injection. The requesting physician had stated that the patient may have an intersection syndrome (2nd dorsal compartment tenosynovitits with possible secondary 1st dorsal compartment irritation) and explained that the injection would be at both areas. Therefore, as the patient has failed reasonable conservative management and that there is no further therapy that would likely benefit the patient, an U/S guided injection to the right wrist 1st dorsal compartment should be considered medically necessary. From ACOEM, page 272, Chapter 11, rest and immobilization are recommended as 1st line treatment of tenosynovitis (DeQuervain's), which includes the 2nd dorsal compartment. A steroid injection is recommended as follows: Initial injection into tendon sheath for clearly diagnosed cases of DeQuervain's syndrome, tenosynovitis, or trigger finger. Therefore, as the patient has failed recommended reasonable conservative management and there is enough evidence to suggest that her chronic right wrist pain may be related to tenosynovitis of the 1st and/or 2nd dorsal compartment, the next step is to attempt a steroid injection, as requested. As reasoned by the requesting physician, this is for diagnostic and therapeutic

purposes. The UR stated that there were not sufficient positive clinical findings present that would clearly support a diagnosis of first dorsal compartment tendinitis. However, as reasoned above, the patient may have an intersection syndrome with secondary effect on the 1st dorsal compartment. Therefore, a 1st dorsal compartment injection may help to clarify the etiology of her chronic dorsal wrist pain.