

Case Number:	CM15-0081497		
Date Assigned:	05/04/2015	Date of Injury:	06/13/2014
Decision Date:	06/08/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/28/2015

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: Internal Medicine

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 44 year old male, who sustained an industrial injury on 6/13/14. The injured worker has complaints of back pain that radiates down left leg. The diagnoses have included musculoligamentous injury of the thoracic spine, musculoligamentous injury of the lumbar spine, disk bulge (s) in the lumbar spine, lumbar radiculopathy, left wrist sprain/strain. Treatment to date has included Neurontin; naproxen; flexeril; home exercise program and home icing program for the left wrist. The request was for steroid injection to the left wrist (outpatient) and chiropractic treatments 2 times a week for 3 weeks to the lumbar spine and left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid injection to the left wrist (outpatient): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), forearm, wrist and hand (acute and chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses wrist injections. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 11 Forearm, Wrist, and Hand Complaints Table 11-7 Summary of Recommendations for Evaluating and Managing Forearm, Wrist, and Hand Complaints (Page 272) indicates that injection of corticosteroids into carpal tunnel in mild or moderate cases of CTS after trial of splinting and medication is recommended. Initial injection into tendon sheath for clearly diagnosed cases of DeQuervain's syndrome, tenosynovitis, or trigger finger is recommended. Initial injection of corticosteroids in moderate cases of tendinitis is optional. Repeated or frequent injection of corticosteroids into carpal tunnel, tendon sheaths, ganglia, etc is not recommended. X-ray of the left wrist report dated 6/25/14 documented unremarkable left wrist X-rays. Magnetic resonance imaging (MRI) of the left wrist dated 9/29/14 demonstrated moderate extensor digitorum tendinitis and moderate extensor carpi ulnaris tendinitis. The orthopedic progress report dated 10/28/14 documented the diagnosis of left digital extensor tendinitis. Depomedrol injection of the wrist was performed on 10/28/14. The primary treating physician's progress report dated 11/10/14 documented that the patient reported that the left wrist injection provided relief for 9 days. At the 11/10/14 visit, the patient report 7-8/10 constant left wrist pain. The primary treating physician's progress report dated 3/30/15 documented 6-7/10 intermittent left wrist pain daily. The patient only has pain only when flexing the wrist. Physical examination demonstrated tenderness over the base of the third metacarpal. No tenderness over the extensor tendon to the third digit was noted. No locking was noted. The diagnosis was left wrist sprain and strain. The treatment plan included a request for another steroid injection for the left wrist. ACOEM indicates that repeated injection of corticosteroids for wrist disorders is not recommended. The 11/10/14 progress report documented that the patient reported that the 10/28/14 left wrist injection provided relief for 9 days. The request for a repeat corticosteroid injection of the wrist is not supported by MTUS guidelines. Therefore, the request for repeat left wrist steroid injection is not medically necessary.

Chiropractic treatments 2 times a week for 3 weeks to the lumbar spine and left wrist:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 265, 272, 298-299, Chronic Pain Treatment Guidelines Chiropractic treatment Page 30. Manual therapy & manipulation Page 58-60.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicates that chiropractic treatment, manual therapy and manipulation are not recommended for carpal tunnel syndrome, forearm, wrist, and hand conditions. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 11 Forearm, Wrist, and Hand Complaints indicates that manipulation has not been proven effective for patients with pain in the hand, wrist, or forearm. ACOEM Table 11-7 Summary of Recommendations for Evaluating and Managing Forearm, Wrist, and Hand Complaints indicates

that passive modalities are not recommended. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints addresses chiropractic treatment and manipulation. For patients with symptoms lasting longer than one month, efficacy has not been proved. Many passive and palliative interventions are without meaningful long-term benefit. The orthopedic progress report dated 10/28/14 documented the patient had completed 6 physical therapy visits for the back and 12 physical therapy visits for the hand. The diagnoses were left digital extensor tendinitis, thoracic strain, and degenerative disk disease L5-S1. The date of injury was 6/13/14. The primary treating physician's progress report dated 3/30/15 documented 6-7/10 intermittent left wrist pain and 6-7/10 intermittent lumbar pain. The treatment plan included a home exercise program. Chiropractic treatments two times weekly for three weeks to the lumbar spine and left wrist were requested 4/15/15. MTUS guidelines do not support the request for chiropractic treatments to the lumbar spine and left wrist. Therefore, the request for chiropractic treatments is not medically necessary.