

Case Number:	CM15-0084624		
Date Assigned:	05/29/2015	Date of Injury:	04/09/2013
Decision Date:	06/25/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/04/2015

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 41 year old female, who sustained an industrial injury on 4/9/2013. She reported bilateral wrists and left thumb pain. The injured worker was diagnosed as having ulnar nerve lesion, medical epicondylitis, stenosing tenosynovitis along the A1 pulley of the long finger on the right status post release, excision of cyst along the thumb on the left, and wrist joint inflammation bilaterally. Treatment to date has included trigger finger release (6/2014), left thumb cyst excision (2013), magnetic resonance imaging of the left wrist, and physical therapy sessions. The request is for an injection of 1st extensor on right. On 4/16/2014, she is noted to be working full time in work that involved typing. On 1/14/2015, she complained of continued bilateral wrist and left thumb pain. She is noted to have developed small bumps on the top of her wrists on the left and base of the wrist on the right at the base of the thumb. She is working regular duties. On 4/8/2015, she continued to complain of left elbow pain, and complained of right side 1st extensor pain. She is working regular duty. Physical examination revealed tenderness along the base of the second and third metacarpal on the left, tenderness along the first extensor, and tenderness along the left wrist. The treatment plan included: cortisone injection of the first extensor finger on the right, metacarpal boss surgery, and follow up. The records indicated she has completed at least 12 physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 injection - 1st extensor on right: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271 and 272.

Decision rationale: The patient is a 41 year old female with pain overlying the 1st dorsal compartment. Finkelstein's sign was negative. A request was made for steroid injection of the 1st dorsal compartment. From ACOEM, page 271, the majority of patients with DeQuervain's syndrome will have resolution of symptoms with conservative treatment. Under unusual circumstances of persistent pain at the wrist and limitation of function, surgery may be an option for treating DeQuervain's tendinitis. From Table 11-7, splinting is a first-line treatment for DeQuervain's tenosynovitis. Based on the provided documentation, splinting has not been specifically documented and thus conservative management has not been exhausted. Therefore, a steroid injection would be premature and should not be considered medically necessary.