

Case Number:	CM15-0084628		
Date Assigned:	05/06/2015	Date of Injury:	07/13/2012
Decision Date:	06/24/2015	UR Denial Date:	04/03/2015
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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 45 year old female, who sustained an industrial injury on 7/13/2012. Diagnoses have included right knee internal derangement, chondromalacia of patella, right wrist DeQuervain's tenosynovitis and bilateral carpal tunnel syndrome status post right carpal tunnel surgery. Treatment to date has included right knee surgery, carpal tunnel surgery and medication. According to the progress report dated 3/17/2015, the injured worker was temporarily totally disabled. Exam of the right wrist revealed minimal tenderness. There was a positive Finkelstein's test on the right-hand side with pain into the thenar eminence as well as over the first dorsal compartment. The left wrist showed a positive Durkan's test. Current medications included Naproxen, Tramadol and Prilosec. Authorization was requested for right wrist ultrasound guided corticosteroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right wrist ultrasound guided corticosteroid injection unspecified if inpatient or outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, Tramadol and Proton-Pump Inhibitor. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton-Pump Inhibitor.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand, Injection.

Decision rationale: Regarding the request for Right wrist ultrasound guided corticosteroid injection, Occupational Medicine Practice Guidelines state most invasive techniques, such as needle acupuncture and injection procedures, have insufficient high quality evidence to support their use. The exception is corticosteroid injections about the tendon sheaths or, possibly, the carpal tunnel in cases resistant to conservative therapy for eight to twelve weeks. ODG states injection is recommended for trigger finger and for de Quervain's tenosynovitis. Within the documentation available for review, there is a diagnosis of de Quervain's tenosynovitis. However, guidelines do not support the use of imaging guidance for wrist injections. But fortunately, the last reviewer modified the current request to allow the injection to be done without ultrasound. The physician gave no clear rationale as to why the injection needs to be done with ultrasound. Indeed, the physician did the injection without ultrasound on 4/28/15. In the absence of such documentation, the currently requested Right wrist ultrasound guided corticosteroid injections not medically necessary.