

<b>Case Number:</b>	CM15-0087644		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	02/09/2015
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 66 year old female who sustained an industrial injury on 2/9/15. The injured worker was diagnosed as having chronic neck and upper back pain. Currently, the injured worker was with complaints of left wrist and hand pain with associated tingling and numbness. Previous treatments included nonsteroidal anti-inflammatory drugs. Previous diagnostic studies included radiographic studies revealing multilevel degenerative changes with mild right neural foramina narrowing at C5-C6 and C6-C7. Objective findings were notable for pain to scapula, positive Phalen's test. The plan of care was for a left wrist steroid injection. Notes indicate that the patient had previously undergone a carpal tunnel steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Steroid Injection Left Wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Regarding the request for Steroid Injection Left Wrist, California MTUS supports Injection of corticosteroids for various conditions such as carpal tunnel syndrome, de Quervain's syndrome, tenosynovitis, or trigger finger, and they consider an injection optional in moderate cases of tendinitis. Guidelines do not generally recommend repeat injections unless there is documentation of objective functional improvement with an acceptable duration of relief. Within the documentation available for review, the requesting physician has noted that the patient has undergone a previous carpal tunnel injection. There is no documentation indicating how long the injection is helped, how much relief was provided, and whether there has been any objective functional improvement as a result of the injection. In the absence of such documentation, the currently requested Steroid Injection Left Wrist is not medically necessary.