| **MTUS EVIDENCE BASED UPDATES – COVID – HAND, WRIST AND FOREARM** | **RULEMAKING COMMENTS****30 DAY COMMENT PERIOD** | **NAME OF PERSON/ AFFILIATION** | **RESPONSE** | **ACTION** |
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| 9792.23.4Hand, Wrist and Forearm Disorders Guideline | In reference to the cortisone injections for CTS and trigger digit, commenter is concerned that recommendations in this guideline will be used to deny surgery for patients who have contraindications to injection.Commenter included copies of several well controlled studies [available upon request] that highlight increased risks for patients who undergo surgical treatment after cortisone injection for CTUS and trigger digit. Commenter notes that complications of skin atrophy and superficial radial neuritis have been documented with repeat injections for De Quervain’s tenosynovitis. Risks of blood sugar elevation have also been documented in patients with diabetes, especially those with poor control.Commenter notes that there are patients with severe carpal tunnel syndrome, severe locked trigger digit and De Quervain’s with a EPB compartment for who steroid injection will not be efficacious. Commenter opines that by requiring those patients to have multiple injections increases their risk of postoperative complications and decreases their ability to improve with surgical treatment.Commenter recommends adding the following statement to the referenced guideline:“There are instances when cortisone injections are not appropriate prior to surgical treatment.” | Don Cage, MDPresidentCalifornia Orthopaedic Association (COA)September 5, 2023 Written Comment | Disagree. The comment is outside the scope of this rulemaking; this is a focused update to the hand, wrist and forearm disorders guideline and the comment addresses a matter that was not updated by this rulemaking. Commenter is encouraged to submit any studies to ACOEM through the following web address:<https://acoem.org/Practice-Resources/Practice-Guidelines-Center>ACOEM conducts comprehensive updates to all of its guidelines every 3 to 5 years. However, ACOEM accepts submissions of evidence from any source. All literature is reviewed following the same process (i.e., quality scoring, critiquing, and critical appraisal) for the development of evidence-based guidance. If there are major changes in literature, it may necessitate a focused update to the ACEOM guideline. | None. |
| 9792.23.4Hand, Wrist and Forearm Disorders Guideline9792.24.7COVID-19 Guideline | Commenter has reviewed the proposed updates and has no comment at this time. | Andrea GuzmanClaims Regulatory DirectorState Compensation Insurance Fund (SCIF)September 15, 2023Written Comment | Noted. | None. |