

Case Number:	CM14-0121830		
Date Assigned:	08/06/2014	Date of Injury:	09/16/2009
Decision Date:	10/22/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/01/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52 year old female who was injured on 08/09/2012. The mechanism of injury is unknown. She has received physical therapy but there was no improvement in her symptoms. Prior medication history included Meloxicam, metformin, vitamin D3 and Voltaren Gel. The patient underwent manipulation under anesthesia, debridement of the shoulder joint, bursectomy with acromioplasty on 03/05/2014. Progress report dated 04/25/2014 states the patient presented 6 weeks from acromioplasty of her right shoulder. The patient was taking Meloxicam which was helping her symptoms. On exam, she has 100 degrees of active flexion; 137 degrees in the supine position. She moved from 0-30 degrees of external rotation. The patient was recommended for additional physical therapy and a cortisone injection to the right wrist as she has a diagnosis of tenosynovitis as noted on report dated 05/14/2014. Prior utilization review dated 07/09/2014 states the request for Request for right wrist cortisone injection times 2 under ultrasound guidance is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% Topical Diclofenac gel 100g tube times 5 tubes: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Wrist and Forearm, Injection

Decision rationale: Per guidelines, for de Quervain's tenosynovitis (a common overuse tendon injury of the hand and wrist), corticosteroid injection without splinting is the preferred initial treatment (level of evidence, B). Compared with non-steroidal anti-inflammatory drugs, splinting, or combination therapy, corticosteroid injections offer the highest cure rate for de Quervain's tenosynovitis. In most patients, symptoms resolve after a single injection. Therefore, request for a second injection is not medically necessary prior to clinical assessment of the first injection. Furthermore, there is no recommendation of using ultrasound guidance for steroid injection per evidence based guidelines (MTUS, ACOEM, and ODG).