

Case Number:	CM14-0132127		
Date Assigned:	08/22/2014	Date of Injury:	11/15/2003
Decision Date:	09/24/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/18/2014

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 & Rehabilitation and is licensed to practice in Texas. 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:

This case involves a 52 year old female who sustained a work injury on 11-15-03 when she fell off a loading dock. She sustained multiple injuries and underwent a right carpal tunnel release in September 2004, right shoulder surgery in June 2005, and a second right shoulder surgery in November 2006. The injured worker continues with pain to the left knee and left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

One right DeQuervains injection under ultrasound guidance as an outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 11-4 page 264. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand - Injection.

Decision rationale: ACOEM Guidelines reflect that glucocorticosteroid injections are recommended for treatment of acute, subacute, or chronic de Quervain's or other wrist compartment tendinosis. Official Disability Guidelines (ODG) reflects that for de Quervain's tenosynovitis: Injection alone is the best therapeutic approach. The injured worker continues with left wrist symptomatology and a diagnosis of DeQuervain's tenosynovitis has been made.

Current treatment guidelines support a corticosteroid injection as the best therapeutic approach. Therefore, based on the records provided, the request for one right DeQuervain's injection under ultrasound guidance as an outpatient is medically necessary.