

Case Number:	CM14-0138913		
Date Assigned:	09/05/2014	Date of Injury:	09/03/2008
Decision Date:	10/22/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/27/2014

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 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:

The claimant is a 32 year old female who sustained a work injury on 9-3-08. Office visit on 7-16-14 notes the claimant continues with right thumb pain radiating proximally. On exam, she has moderate tenderness to the right wrist, positive Finkelstein test. EMG/NCS done on 8-1-11 showed moderate to severe carpal tunnel syndrome on the right. The claimant is on Voltaren gel. Her current diagnosis is carpal tunnel syndrome status post CTR, myalgia and myositis, cervicgia, tenosynovitis hand/lateral epicondylitis. The claimant is continued on thumb spica splint for DeQuervain's. The claimant has positive Finkelstein test and Tinel's test on the left and positive Finkelstein on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection for the right hand/wrist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

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

Decision rationale: Official Disability Guidelines notes that for de Quervain's tenosynovitis: Injection alone is the best therapeutic approach. There was an 83% cure rate with injection alone. This rate was much higher than any other therapeutic modality (61% for injection and splint, 14% for splint alone, 0% for rest or non-steroidal anti-inflammatory drugs). Medical Records reflect eh claimant has positive Finkelstein on the right and has a de Quervain's syndrome. Therefore, the request for a right wrist/hand cortisone injection is reasonable and medically indicated.