

<b>Case Number:</b>	CM14-0139877		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	08/30/2011
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for wrist pain reportedly associated with an industrial injury of August 30, 2014. In a Utilization Review Report dated August 30, 2014, the claims administrator denied a request for a cortisone injection to the left wrist, invoking non-MTUS Third Edition ACOEM Guidelines, which he mislabeled as originating from the MTUS. The applicant's attorney subsequently appealed. In an August 25, 2014 progress note, the applicant reported persistent complaints of hand and wrist pain. The applicant was having difficulty with a prolonged work schedule, it was stated. The applicant was limiting certain activities secondary to pain. A positive Tinel sign was noted at the wrist. The applicant was given a diagnosis of tendinitis of the wrist status post left first dorsal compartment release surgery with a secondary diagnosis of carpal tunnel syndrome. Tertiary diagnosis was postoperative causalgia. Neurontin, Norco, and Voltaren were sought. The attending provider seemingly appealed a previously denied wrist cortisone injection. On July 3, 2014, the applicant's secondary treating physician stated that the applicant had issues with de Quervain's tenosynovitis and neuropathic symptoms suggestive of causalgia for which Norco, Neurontin, and Voltaren gel were refilled. On June 9, 2014, the applicant was described as frustrated, working limited duties, and having difficulty after a few hours of work. The applicant had become depressed, it was noted. Authorization for a cortisone injection to the wrist was sought. Limited and painful range of motion about the wrist with a positive Tinel sign was appreciated about the same.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cortisone Injection to the Left Wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 11, Table 11-7 does acknowledge that carpal tunnel corticosteroid injections are "recommended" as is an initial injection for de Quervain's tenosynovitis, in this case, however, it was not clearly stated for what purpose the injection was being sought. It was not clearly stated what the operating diagnosis was. It was not clearly stated for what diagnosis the cortisone injection was being sought. It was not stated whether or not the cortisone injection at issue was a first-time request versus a repeat request. The request, thus, cannot be supported as written owing to its imprecise nature. Therefore, the request is not medically necessary.