

Case Number:	CM14-0147616		
Date Assigned:	09/15/2014	Date of Injury:	05/25/2014
Decision Date:	10/15/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/11/2014

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:

This is a 51 year old female with a 5/25/14 injury date. She was trying to stack trays full of bread, twisted her left arm, and noted pain and swelling in left hand/wrist. X-rays of the wrist were reportedly negative. In a follow-up on 8/26/14, subjective complaints included continued left dorsal wrist pain with swelling. Objective findings included left wrist dorsiflexion to 10 degrees, palmar flexion to 10 degrees, ulnar and radial deviation to 15 degrees, and tenderness over the dorsum of the wrist. At that point, the provider is recommending a "cortisone injection to her wrist." An EMG of the upper extremities on 7/31/14 was normal. A left wrist MRI (date not documented) apparently showed dorsal wrist synovitis, potentially a ganglion cyst, and irritation of the TFCC. Diagnostic impression: left hand contusion, left wrist sprain, CRPS type I of left hand, neuropathic pain syndrome, chronic myofascial pain syndrome. The treatment to date includes medications, and occupational therapy. A UR decision on 9/5/14 denied the request for left wrist cortisone injection on the basis that prior conservative treatment measure were not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left wrist cortisone injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Forearm, Wrist, and Hand Chapter

Decision rationale: The CA MTUS states that injections are indicated in cases of peripheral nerve impingement, if no improvement or worsening has occurred within four to six weeks; or a symptomatic ganglion. In addition, ODG states that injections are indicated for Trigger finger and for de Quervain's tenosynovitis. In the present case, the diagnosis appears to be nothing more than a wrist sprain/strain on the basis of objective exam, MRI, and electrodiagnostic findings. In addition, it is unclear what is meant by "wrist cortisone injection." There is no objective evidence of carpal tunnel syndrome, tendonitis, TFCC tear, or arthritis. Therefore, a cortisone injection placed around the median nerve, a tendon, or into the joint space, does not appear to be indicated at this time. In addition, the extent, duration, and percentage relief of prior conservative treatment measures is not clearly documented. Therefore, the request for left wrist cortisone injection is not medically necessary.