

Case Number:	CM14-0098997		
Date Assigned:	07/28/2014	Date of Injury:	01/10/2013
Decision Date:	09/22/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/27/2014

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 Family Medicine, and is licensed to practice in Utah. 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 26 year-old male. The patient's date of injury is 1/10/2013. The mechanism of injury was a fall off a roof. The patient has been diagnosed with personal history of a fall, postsurgical state, colles fracture, tendonitis, and enthesopathy site NOS. The patient's treatments have included imaging studies, physical therapy, and surgical intervention. Clinical documents of 3/12/2014, state the MRI of the right wrist shows degenerative the physical exam findings, dated 4/30/2014 show the exam of the wrist to be the following. "Right wrist range of motion dorsiflexion, palmar flexion 40, radial deviation 5, all were deviation 10. Grip strength 5+."The patient's medications are stated as none.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection right wrist under fluoroscopy and ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), ODG injections, Wrist.

Decision rationale: The MTUS Guidelines do not specifically mention wrist injections other guidelines were used. The ODG treatment guidelines were reviewed in regards to this specific

case, and the clinical documents were reviewed. The request is for a Cortisone injection right wrist under fluoroscopy and ultrasound. The request is for a Cortisone injection right wrist under fluoroscopy and ultrasound. The ODG recommends injections for trigger finger and DeQuervain's tenosynovitis, neither of which is documented in the clinical documents. The patient is documented with an ORIF to a Colles fracture. According to the clinical documentation provided and current guidelines, a Cortisone injection right wrist under fluoroscopy and ultrasound is not indicated as a medical necessity to the patient at this time, as it is not indicated in the guidelines.