

Case Number:	CM14-0037371		
Date Assigned:	06/25/2014	Date of Injury:	03/15/2007
Decision Date:	02/20/2015	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/27/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

62 yr. old female injured worker sustained a work related injury on March 15, 2007. The exact mechanism of the work related injury and body parts involved was not included in the documentation provided. The injured worker was noted to have undergone left cubital tunnel release on October 15, 2007, and right cubital tunnel release on December 12, 2007. Copies of the surgical reports were not included in the documentation provided. The Primary Treating Physician's report dated February 12, 2014, noted the injured worker with complaints of left upper extremity tenderness and increased pain. The injured worker reported constant radiating pain in the left elbow, and constant radiating sharp pain in the bilateral wrists, with medications helping to control the pain only temporarily. Physical examination was noted to show tenderness upon palpation of the left elbow with limited range of motion, and tenderness upon palpation of the bilateral wrists with limited range of motion. The Physician noted the diagnostic impressions as left elbow history of surgery, right wrist carpal tunnel syndrome, and left wrist carpal tunnel release. The injured worker was noted to be on temporary total disability. The Physician recommended continued physical therapy for the bilateral wrists, and requested authorization for three trigger point injections to the left wrist. On February 28, 2014, Utilization Review evaluated the request for three trigger point injections to the left wrist, citing the MTUS Chronic Pain Medical Treatment guidelines, and the Official Disability Guidelines (ODG), Hip & Pelvis, updated December 9, 2013. The UR Physician noted the injured worker was diagnosed with right wrist carpal tunnel syndrome and left wrist carpal tunnel release, with no description of discrete trigger points, only tenderness noted. The UR Physician noted that guideline criteria

require documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The injured worker was noted to describe radiation but only tenderness was noted on examination. The UR Physician noted that based on the clinical information submitted for review and using the evidence-based peer-reviewed guidelines, the request for three trigger point injections to the left wrist was non-certified. The decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections, left wrist quantity three: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

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

Decision rationale: According to the guidelines, an initial injection for trigger finger, tenosynovitis or DeQuervain's recommended. However, repeat or frequent injections are not recommended. In this case, the claimant did not have De Quervain's and did not specify the above diagnoses. The amount requested (3) is also greater than the amount recommended in the guidelines. Therefore the request is not medically necessary.