

Case Number:	CM15-0015677		
Date Assigned:	02/03/2015	Date of Injury:	09/04/2012
Decision Date:	03/26/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/27/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 injured worker is a 37 year old male, who sustained an industrial injury on 9/4/12. On 1/27/15, the injured worker submitted an application for IMR for review of bilateral wrist De Quervains injection under ultrasound guidance. The treating provider has reported the injured worker complained of continued low back pain radiating to left foot with numbness and tingling sensation. Also has neck pain and bilateral wrist pain. The diagnoses have included cervical sprain/strain, bilateral forearm/wrist flexor and extensor tendinitis, bilateral DeQuervain's disease. Treatment to date has included anterior cervical disc fusion and radical discectomy, C5-C6 (2013), wrist splinting, medications and acupuncture, MRI cervical spine, EMG/NCV upper extremities (5/22/14), wrist injections. On 12/31/14 Utilization Review non-certified bilateral wrist De Quervains injection under ultrasound guidance. The MTUS, ACOEM and ODG Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral wrist De Quervains injection under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation ODG-TWC Forearm, Wrist, & Hand Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Forearm, Wrist, & Hand (Acute & Chronic) (Not including Carpal Tunnel Syndrome)
(http://www.worklossdatainstitute.verioiponly.com/odgtwc/Forearm_Wrist_Hand.htm)

Decision rationale: According to ODG guidelines, cortisone injection is recommended in case of Quervain's tenosynovitis and symptoms usually resolve after a single injection. The patient was previously treated with wrist steroid injection with little improvement. Therefore, the request for Bilateral wrist De Quervains injection under ultrasound guidance is not medically necessary.