

<b>Case Number:</b>	CM15-0115139		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	11/21/2012
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 35-year-old female, who sustained an industrial injury on 11/21/12. She reported initial complaints of cumulative trauma to shoulders and wrists. The injured worker was diagnosed as having carpal tunnel syndrome; disorders of bursae/tendons right shoulder/arm unspecified; Enthesopathy elbow region; wrist sprain. Treatment to date has included status post right wrist surgery (9/13/13); status post left wrist surgery (6/17/14); acupuncture; occupational therapy; Functional Capacity Examination (5/22/15); medications. Diagnostics included triphasic bone scintigraphy (3/13/15); x-rays right elbow /right wrist (3/13/15); x-ray right shoulder (3/10/15). Currently, the PR-2 notes dated 5/27/15 are hand written. These notes indicated the injured worker complains of right upper extremity feeling worse. She is a status post right wrist surgery for ganglion cyst excision 9/13/13. Severe pain is noted in the right shoulder, arm and wrist as well as in the left wrist. The provider notes the injured worker has a severe episode of depression and has sleep issues and will request a psyche consultation. Radiographic studies were negative findings for the right wrist. The treatment plan includes this consult request and medications Venlafaxine ER 75mg for depression and Neurotin 300mg and Prilosec 20mg. He also noted the injured worker has a ganglion cyst on the right wrist and requesting authorization for a right wrist injection using 1cc Depo Medrol and 1cc Marcaine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Wrist Injection 1cc Depo and 1 cc Marcaine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. 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 Injection, Forearm, Wrist, & Hand (Acute & Chronic), (Not including "Carpal Tunnel Syndrome").

**Decision rationale:** According to the Official Disability Guidelines, hand and wrist injections are recommended for hypertrophic scars, keloids, trigger finger, and de Quervain tenosynovitis. The Guides do not support injection of a ganglion cyst. Right Wrist Injection 1cc Depo and 1 cc Marcain is not medically necessary.