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| <b>Case Number:</b>   | CM15-0120860 |                              |            |
| <b>Date Assigned:</b> | 07/01/2015   | <b>Date of Injury:</b>       | 01/10/2013 |
| <b>Decision Date:</b> | 08/13/2015   | <b>UR Denial Date:</b>       | 05/29/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/22/2015 |

### 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: Physical Medicine & Rehabilitation

### 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 52-year-old male, who sustained an industrial injury on 1/10/13. He reported injury to his left wrist after lifting a heavy object. The injured worker was diagnosed as having left de Quervain's disease, left median neuropathy, left ulnar neuropathy and left chronic wrist pain. Treatment to date has included Tramadol, acupuncture with no benefit, occupational therapy with temporary relief, an EMG/NCS study and a left wrist MRI on 4/8/13 showing intrasubstance signal abnormality involving the dorsal aspect of the lunate attachment of the scapholunate ligaments. As of the PR2 dated 5/1/15, the injured worker reports continued pain in his left wrist. Objective findings include a positive Tinel's sign, decreased extension, pain on palpation of the left ulnar nerve and pain on resisting left forearm supination/pronation. The treating physician requested a Kenalog injection of the first dorsal compartment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kenalog Injection first dorsal compartment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter under Injections Forearm, Wrist, & Hand Chapter under Injection.

**Decision rationale:** Based on the 05/01/15 progress report provided by treating physician, the patient presents with left wrist pain, weakness, numbness and tingling. The request is for KENALOG INJECTION FIRST DORSAL COMPARTMENT. RFA with the request not provided. Patient's diagnosis on 05/01/15 includes left ulnar neuropathy Cubital tunnel, left median neuropathy Carpal tunnel, and left de Quervain's disease. Physical examination to the left wrist revealed positive Phalen's, Tinel's and Median nerve compression tests. Sensory examination of the digits revealed decreased sensation to light touch, median and ulnar nerves. MRI of the left wrist dated 02/03/15 revealed "no evidence for ligamentous tear. Ganglion cyst noted at the radiocarpal joint." Treatment to date has included imaging and electrodiagnostic studies, acupuncture, occupational therapy, bracing, injections to left wrist (2013, 2014) and medications. Patient's medications included Ultracet and Relafen. The patient is permanent and stationary, and has reached maximum medical benefit, per 05/25/15 report. Treatment reports were provided from 10/09/14 - 05/01/15. ACOEM guidelines page 265: "Most invasive techniques, such as needle acupuncture and injection procedures, have insufficient high quality evidence to support their use. The exception is corticosteroid injection about the tendon sheaths or, possibly, the carpal tunnel in cases resistant to conservative therapy for 8 to 12 weeks. ODG-TWC. Carpal Tunnel Syndrome (Acute & Chronic) Chapter under Injections states: "Recommend a single injection as an option in conservative treatment. Corticosteroid injections will likely produce significant short-term benefit, but many patients will experience a recurrence of symptoms within several months after injection. In mild cases wait four to six weeks before consider injection, but sooner in severe cases, given the success of surgery, and the success/predictive value of injections. Therapy decisions should branch based on mild versus severe. Carpal tunnel syndrome may be treated initially with a night splint and medications before injection is considered, except in the case of severe CTS (thenar muscle atrophy and constant paresthesias in the median innervated digits). Outcomes from carpal tunnel surgery justify prompt referral for surgery in moderate to severe cases. Nevertheless, surgery should not be performed until the diagnosis of CTS is confirmed by history, physical examination and possible electrodiagnostic studies. Symptomatic relief from a cortisone/anesthetic injection will facilitate the diagnosis, however the benefit from these injections although good is short-lived." ODG-TWC. Forearm, Wrist, & Hand (Acute & Chronic) Chapter under Injection states: "Recommended for Trigger finger and for de Quervain's tenosynovitis." Treater has not provided reason for the request. Per 05/01/15 report, treater states "We will go forward in 2 weeks with the following procedure: Kenalog injection - First Dorsal Compartment: LEFT." Treater states in 12/09/14 report that the patient's "left wrist was injected with 1% lidocaine mixed with 6mg of Celestone." Per 12/23/14 report, "pain unchanged by injection to dorsal wrist. Still quite painful. Positive numbness." In this case, the patient continues with symptoms to the left wrists despite conservative care; and the patient has a diagnosis of de Quervain's, for which the requested injection would appear to be supported by ODG. However, provided medical records do not indicate benefit from prior injections. Therefore, this request IS/WAS not medically necessary.