

Case Number:	CM15-0122613		
Date Assigned:	07/13/2015	Date of Injury:	12/27/2013
Decision Date:	08/26/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/24/2015

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 43 year old female, who sustained an industrial injury on 12/27/2013. She reported acute pain in the left hand and wrist from lifting activity. Diagnoses include wrist sprain/strain. Treatments to date include anti-inflammatory, Ultram, physical therapy, acupuncture treatments, and one cortisone injection to the wrist. Currently, she complained of pain in the left wrist associated with numbness and loss of motion. On 6/8/15, the physical examination documented the MR arthrogram report noted a tiny full thickness separation. The left wrist was tender. The electromyogram report indicated positive carpal tunnel syndrome bilaterally. There was no numbness in the right wrist, but there is numbness in the left hand with increased pain. The plan of care included steroid injection of the left wrist x 2 and physical therapy for the left hand/wrist twice a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left wrist steroid injections, quantity: 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand Chapter under Carpal tunnel release, Injection with anesthetics and/or steroids.

Decision rationale: The patient was injured on 12/27/13 and presents with pain in the ulnar aspect of the left wrist and numbness in the ulnar border of the left wrist. The request is for left wrist steroid injections QTY: 2. There is no RFA provided and the patient is temporarily totally disabled. The utilization review denial letter states that "the patient had a prior injection." However, the results of this prior injection are not provided. The 02/27/14 MRI of the left wrist revealed the following: A tiny full-thickness perforation is identified in the radial aspect of the triangular fibrocartilage, causing trace amount of contrast imbibition in the distal radioulnar joint. A very low-grade partial-thickness intrasubstance tear is identified in the volar component of the degeneration seen in its membranous component. There is a combination of subtle longitudinal split and tendinopathy visualized in the extensor carpi ulnaris tendon, predominately at the level immediately distal to the ulnar styloid process. ODG guidelines, under Carpal tunnel release, Injection with anesthetics and/or steroids, states that "Pain injections general: Consistent with the intent of relieving pain, improving function, decreasing medications, and encouraging return to work, repeat pain and other injections not otherwise specified in a particular section in ODG, should at a very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain medications, improved function, and/or return to work." ODG guidelines, under Hand Chapter, recommend "injections for Trigger finger and for de Quervain's tenosynovitis." Regarding the left wrist, there is localized tenderness in the area of the ulnar carpal ligament and range of motion reveals slight limitation in dorsiflexion and palmar flexion. The patient is diagnosed with wrist sprain/strain. Treatments to date includes anti-inflammatory, Ultram, physical therapy, acupuncture treatments, and one cortisone injection to the wrist. In this case, the patient does not present with trigger finger or de Quervain's tenosynovitis for which the injection may be indicated. Furthermore, the patient had a prior left wrist steroid injection; however, the results of this injection are not provided. ODG Guidelines state that these injections "should at a very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain medications, improved function, and/or return to work." It is not clear if the patient had any benefit from the prior injection. The request is not medically necessary.