

Case Number:	CM15-0123906		
Date Assigned:	07/08/2015	Date of Injury:	03/26/2013
Decision Date:	09/23/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/26/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old female who sustained an industrial injury on 3-26-13. Diagnoses include: bilateral shoulder adhesive capsulitis, bilateral wrist tenosynovitis, and elbow epicondylitis. Treatments include: medication, acupuncture, shockwave therapy. Progress report dated 5-29-15 reports continued complaints of bilateral elbow pain described as frequent, moderate, dull, sharp, weakness, aching and soreness, rated 5-6 out of 10. Plan of care includes: request ultrasound guided de Quervains injection for right and left and follow up in 5-6 weeks. Work status: work with restrictions of no use of involved hand, no over shoulder work right side, no typing, mouse or writing greater than 15 minutes per hour, no repetitive or forceful gripping and grasping, no lifting over 2-3 pounds, sit and stand as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral de quervain injection under ultrasound guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Forearm, Wrist, & Hand Chapter; ODG: Shoulder Chapter-Steroid injections; ODG: Knee Chapter-Corticosteroid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), Injection.

Decision rationale: The claimant sustained a work-related injury in March 2013 and is being treated for bilateral elbow and wrist pain. When seen, there had been completion of three shockwave treatments for the elbow. There was first dorsal compartment tenderness bilaterally and positive Finkelstein testing. Authorization for bilateral injections with ultrasound guidance was requested. Corticosteroid injection without splinting is the preferred initial treatment for deQuervain's tenosynovitis. Compared with nonsteroidal anti-inflammatory drugs, splinting, or combination therapy, corticosteroid injections offer the highest cure rate. In most patients, symptoms resolve after a single injection. In this case, the claimant does not appear to have had a prior injection. There are findings of dorsal compartment tenderness and positive Finkelstein testing bilaterally. However, this injection would generally be performed without ultrasound guidance and there is no history of prior surgery or other condition that would support a need for guidance during the procedure. The request that was submitted is not medically necessary.