MAXIMUS Federal Services

Case Number:	CM15-0128048		
Date Assigned:	07/14/2015	Date of Injury:	12/16/2014
Decision Date:	08/18/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/02/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 64 year old male who sustained a repetitive industrial injury to his wrist on 12/16/2014. The injured worker was diagnosed with right wrist sprain/strain and distal radioulnar joint osteoarthritis. Treatment to date has included diagnostic testing, conservative measures, physical therapy/hand therapy (7 sessions completed), wrist support, activity modification and medication. According to the primary treating physician's progress report on May 18, 2015, the injured worker continues to experience right wrist pain with numbness in the small finger and burning in the wrist. Examination demonstrated moderate tenderness at the distal radio-ulna joint (DRUJ) with normal range of motion. Motor strength, sensation and pulses were intact. Special tests including Tinel's and Phalen's were negative. No swelling or crepitus was evident. Current medication is Tylenol. Treatment plan consists of corticosteroid injection of the right wrist, activity modification, ice/cold therapy, splinting/bracing and the current request for ultrasound needle guided corticosteroid injection of the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Needle Guided Corticosteroid Injection of the Right Wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmed/22921692.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: The ACOEM chapter on wrist complaints states: 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 eight to twelve weeks. For optimal care, a clinician may always try conservative methods before considering an injection. The documentation does not show the patient to have either of the above mentioned diagnosis and therefore the request is not medically necessary.