

Case Number:	CM15-0171466		
Date Assigned:	09/11/2015	Date of Injury:	02/21/2013
Decision Date:	11/25/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/31/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 50 year old male who sustained an industrial injury on 2-21-2013. A review of medical records indicates the injured worker is being treated for carpal tunnel syndrome, disturbance of skin sensation, and rotator cuff sprain strain. Medical records dated 7-20-2015 noted problems with the shoulders and wrist. Physical examination noted examination was unchanged and that there was loss of range of motion in the shoulders and loss of range of motion of the wrist. There was still tenderness over the carpal tunnel release area without evidence of complex regional pain syndrome. Treatment has included modified work duty and an injection to the shoulder with no benefit. Further treatment included Ultram and physical therapy. Utilization review form dated 7-30-2015 non-certified 1 right wrist ultrasound guided corticosteroid injection as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right Wrist Ultrasound-Guided Corticosteroid Injection, As An Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

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, and hand section, Injections.

Decision rationale: Pursuant to the Official Disability Guidelines, one right wrist ultrasound guided corticosteroid injection as an outpatient is not medically necessary. Injections are recommended for trigger finger and for DeQuervain's tenosynovitis as indicated pursuant to the guidelines. Ultrasound guidance is generally not recommended for injections. Conventional anatomical guidance by an experienced clinician is generally adequate. In this case, the injured worker's working diagnoses are carpal tunnel syndrome; disturbances skin sensation; and rotator cuff sprain strain. Date of injury is February 21, 2013. Request authorization is July 27, 2015. According to a July 20, 2015 progress note, there are no subjective complaints referencing the right wrist. An MRI of the right wrist dated April 2015 did not show a tear and there were minor degenerative changes. Objectively, there is increased tenderness overlying the carpal tunnel release area. There is no clinical indication or rationale for the corticosteroid injection to the wrist. The treating provider indicates a corticosteroid injection is worth a try. There is no documentation of trigger finger or DeQuervain's tenosynovitis. Ultrasound guidance is generally not recommended for injections. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation containing an appropriate clinical indication or rationale for a corticosteroid injection to the wrist, and guideline non-recommendations for ultrasound guidance of corticosteroid injections at the wrist, one right wrist ultrasound guided corticosteroid injection as an outpatient is not medically necessary.