

<b>Case Number:</b>	CM15-0025520		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	04/28/2012
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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 52 year old male who sustained an industrial injury on 04/28/2012. Current diagnoses include left wrist pisiform triquetral joint pain, left ulnar-sided wrist pain consistent with ulnar abutment, left wrist scapholunate advanced collapse, and left wrist post-traumatic arthritis radiocarpal joint. Previous treatments included medication management, physical therapy, acupuncture, splinting, and cortisone injection. Report dated 01/06/2015 noted that the injured worker presented with complaints that included left wrist pain. Physical examination was positive for abnormal findings. Utilization review performed on 01/13/2015 non-certified a prescription for cortisone injection, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS, ACOEM, and Official Disability Guidelines in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cortisone Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

**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, Injections.

**Decision rationale:** Pursuant to the Official Disability Guidelines, cortisone injection is not medically necessary. Injection is recommended for trigger finger and for DeQuervain's tenosynovitis. See the Official Disability Guidelines for details. In this case, the injured worker's working diagnoses are left wrist pisiform triquetral joint pain; left ulnar cited wrist pain consistent with ulnar abutment; left wrist scapholunate advanced collapse; and left wrist post-traumatic arthritis radiocarpal joint. Documentation from a January 6, 2015 progress note states injured worker was seen September 8, 2014. Surgery was advised in the form of a diagnostic arthroscopy with possible ulnar shortening, possible treatment for scapholunate advanced collapse and associated arthritis was authorized. The surgery never took place and the authorization expired November 30th 2014. The injured worker had a cortisone injection prior to the anticipated surgery. There was no documentation indicating whether there was objective functional improvement. The injured worker presents for a follow-up January 6 of 2015 and the wrist pain has subsided for the most part. The worker is able to work and perform most duties. Objectively, the injured worker has pain over the pisiform and with ballottment and grind it is aggravated. The guidelines recommend injections for trigger finger and for DeQuervain's tenosynovitis. Consequently, absent clinical documentation with worsening symptoms with no objective functional improvement with the prior injection contrary to the recommended guidelines, cortisone injection is not medically necessary.