

Case Number:	CM15-0075349		
Date Assigned:	04/27/2015	Date of Injury:	11/03/2013
Decision Date:	05/22/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/20/2015

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: Arizona, California

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 46 year old female who sustained an industrial injury on 11/3/13. She has reported initial complaints of back injury after pulling a cart of wet towels and felt a pull in the lower back and instant sharp stabbing pain in the right shoulder, elbow and right wrist. The diagnoses have included cervical radiculopathy, bilateral shoulder impingement, and lumbar herniated disc, right wrist carpal tunnel syndrome and right elbow lateral epicondylitis. Treatment to date has included medications, chiropractic, diagnostics, and acupuncture. The diagnostic testing that was performed included electromyography (EMG)/nerve conduction velocity studies (NCV) of the upper extremity and Magnetic Resonance Imaging (MRI) of the right elbow. The current medications included Advil, Tylenol and Aleve without relief. The Norco made her nauseous and it was discontinued. As per the physician doctors first report progress note dated 10/17/14, the injured worker complains of low back pain and radiating pain through the entire right upper extremity described as stabbing and numbness. There was isolated right elbow pain with tenderness. Physical exam revealed slow gait, edema, swelling and tenderness over the left trapezius and tenderness over the lumbar and thoracic areas. She reports that the pain continues to limit her activities and she has difficulty with sleep due to pain. The physician requested treatment included Right wrist steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right wrist steroid injection: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

Decision rationale: According to the guidelines, injections of steroids are recommended for carpal tunnel after trial of splinting and medications as well as for tenosynovitis. In this case, there is no mention of failure of conservative treatment for the wrist. Interventions for the elbow and shoulder were noted. The request for the injection is not justified and not medically necessary.