

Case Number:	CM15-0077487		
Date Assigned:	04/28/2015	Date of Injury:	08/13/2010
Decision Date:	06/02/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/22/2015

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, 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:

This 48 year old man sustained an industrial injury on 8/13/2010 due to cumulative trauma. Evaluations include an undated electromyogram/nerve conduction study of the bilateral upper extremities. Treatment has included oral medications, electro-stimulator treatment, massage, surgical interventions, bilateral hand/wrist injections, and physical therapy. Physician notes from a QME evaluation dated 11/8/2014 show complaints of bilateral elbow pain rated 5/10, bilateral wrist/hand pain rated 7/10, and depression. Recommendations include bilateral elbow MRI, left wrist MRI, laboratory testing, and further recommendations pending the results of the MRIs requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral wrists cortisone injections: 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 and hand chapter, injection.

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: Cortisone injections of the wrist are not addressed by the CA MTUS. The ODG recommends cortisone injections for trigger finger and DeQuervain's tenosynovitis. In this case, there was no documentation submitted by the requesting physician establishing a diagnosis that would necessitate cortisone injections of the wrists. In addition, no treatment history, including previous wrist cortisone injections was provided to delineate past efficacy of the procedure. No rationale for the injections is provided, therefore the request is deemed not medically necessary.