

<b>Case Number:</b>	CM15-0079098		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	03/13/2014
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 49 year old female, who sustained an industrial injury on March 13, 2014. She has reported wrist pain and elbow pain. Diagnoses have included left forearm and wrist flexor and extensor tendonitis/sprain, carpal tunnel syndrome, triangular fibrocartilage, complex tear, left elbow epicondylitis, and insomnia. Treatment to date has included medications, ultrasound, physical therapy, cortisone injection, and bracing. A progress note dated March 6, 2015 indicates a chief complaint of left wrist pain with weakness and swelling, and left elbow pain that had improved. The treating physician documented a plan of care that included TFCC injections of the left wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Wrist TFCC Injection under Ultrasound Guidance 2x4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG Forearm, Wrist, and Hand.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**Decision rationale:** The ACOEM Chapter 11 on Wrist Complaints indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support the use of TFCC injections 2x4. While one injection may be reasonable trial, it is not medically necessary or reasonable to request multiple injections a priori. Therefore, at this time, the requirements for treatment have not been met; the request is not medically necessary.