

Case Number:	CM15-0096257		
Date Assigned:	05/26/2015	Date of Injury:	05/30/2012
Decision Date:	07/02/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/19/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 47-year-old female who sustained an industrial injury on May 30, 2012. She has reported right upper extremity pain to the forearm and wrist and has been diagnosed with pain in wrist/forearm and myofascial pain syndrome/fibromyalgia. Treatment has included medications, injections, chiropractic care, and medical imaging. Examination noted decreased abduction, pain with abduction, decreased shoulder flexion and pain with shoulder flexion. There was tendon sheath swelling, a tender and positive Finkelstein's test. There was decreased flexion, pain with flexion, decreased extension, decreased radial bending, pain with radial bending, and decreased ulnar bending and pain with ulnar bending. The left upper extremity showed tendon sheath swelling. There was a tender and positive Finkelstein's test. There was decreased flexion, pain with flexion, decreased extension, decreased radial bending, and pain with radial bending, decreased ulnar bending and pain with ulnar bending. The treatment request included 1 left wrist injection with methylprednisolone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methylprednisolone injection to the left wrist, quantity: 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264, 265.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Injection with anesthetics and/or steroids.

Decision rationale: According to the Official Disability Guidelines, an injection must be given with the intent of relieving pain, improving function, decreasing medications, and encouraging return to work. Repeat pain and other injections not otherwise specified in a particular section in ODG, should at a very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain medications, improved function, and/or return to work. There is documentation of two previous injections, both of which were effective and fulfill the criteria listed above for a repeat injection. I am reversing the previous UR decision. Methylprednisolone injection to the left wrist, quantity: 1 is medically necessary.