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| Case Number: | CM15-0099572 | | |
| Date Assigned: | 06/02/2015 | Date of Injury: | 04/21/2014 |
| Decision Date: | 06/30/2015 | UR Denial Date: | 05/01/2015 |
| Priority: | Standard | Application Received: | 05/22/2015 |

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

Certification(s)/Specialty: Emergency 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 62-year-old female, with a reported date of injury of 04/21/2014. The diagnoses include tendinitis of the right wrist. Treatments to date have included oral medications; an MRI of the upper extremity dated which showed a small amount of fluid in the radiocarpal joint, slight speckled tendinosis of the external carpal ulnaris tendon, and interstitial swelling in and around the extensor retinaculum at the level of the radial tuberosity and extending slightly over the dorsum of the wrist; steroid injection; and x-rays of the right wrist. The supplemental report dated 03/26/2015 indicates that the injured worker stated that the pain over the dorsal aspect of the wrist in the fourth and sixth dorsal compartment remained resolved after the steroid injection. However, the pain over the volar aspect of the wrist and the pisiform had not resolved except for four days following the steroid injection. The physical examination showed no signs of redness or swelling; no tenderness to palpation over the dorsal aspect of the wrist at the fourth or the sixth dorsal compartment; restricted range of motion of the wrist; tenderness to palpation of the flexor carpi ulnaris; pain with manipulation of the pisiform bone; and tenderness with manipulation of the digital joint. The treating physician requested a repeat steroid injection of the flexor carpi ulnaris and distal triquetral joint of the right wrist. The rationale for the request was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid injection of the flexor carpi ulnaris and distal triquetral joint, right wrist: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm-Wrist-Hand, Injection.

Decision rationale: The requested steroid injection of the flexor carpi ulnaris and distal triquetral joint, right wrist is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Forearm-Wrist-Hand, Injection, noted "Injection: Recommended for Trigger finger and for de Quervain's tenosynovitis as indicated below." The injured worker has pain over the dorsal aspect of the wrist in the fourth and sixth dorsal compartment remained resolved after the steroid injection. However, the pain over the volar aspect of the wrist and the pisiform had not resolved except for four days following the steroid injection. The physical examination showed no signs of redness or swelling; no tenderness to palpation over the dorsal aspect of the wrist at the fourth or the sixth dorsal compartment; restricted range of motion of the wrist; tenderness to palpation of the flexor carpi ulnaris; pain with manipulation of the pisiform bone; and tenderness with manipulation of the digital joint. The treating physician has not documented objective evidence of significant functional improvement from previous injections. The criteria noted above not having been met, steroid injection of the flexor carpi ulnaris and distal triquetral joint, right wrist is not medically necessary.