MAXIMUS Federal Services

Case Number:	CM14-0156710		
Date Assigned:	09/26/2014	Date of Injury:	01/23/2001
Decision Date:	11/05/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/24/2014

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. The expert reviewer is Board Certified in Hand Surgery and is licensed to practice in Oregon. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 65-year-old female reported an injury on 01/23/2001. The mechanism of injury was overuse. Her diagnoses included left de Quervain's tenosynovitis and first carpometacarpal joint osteoarthritis. The injured worker underwent a carpal tunnel release for the right wrist and had been treated postoperatively with a right wrist brace, medications, and physical therapy for the right wrist. At a clinical visit on 08/11/2014, the injured worker began to report pain in the left upper extremity, wrist, and thumb. It was noted that she overused her left upper extremity secondary to pain in her right upper extremity. On physical examination, the injured worker was noted to have a positive Finkelstein's test on the left wrist. She was also noted to have arthritic changes in the first carpometacarpal joint and calcium noted at the base of the first metacarpal. The injured worker was recommended for 6 visits of physical therapy for the left wrist for a flare-up of left wrist pain. She was also recommended for use of a left wrist brace. The treatment plan noted recommendations for a left wrist de Quervain's injection and a diagnostic ultrasound of the left wrist to rule out internal derangement.

IMR ISSUES, DECISIONS AND RATIONALES

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

DeQuervain's Injection under Ultrasound Guidance of the Left and First Carpometacarpal Joint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 266.

Decision rationale: Per the ACOEM guideilnes, Chapter 11, page 266, "DeQuervain's tendinitis, if not severe, may be treated with a wrist-and-thumb splint and acetaminophen, then NSAIDs, if tolerated, for four weeks before a corticosteroid injection is considered." In this case, the records do not document a four week trial of wrist and thumb immobilization and acetaminophen. The request for DeQuervain's Injection under Ultrasound Guidance of the Left and First Carpometacarpal Joint is not medically necessary.

Ultrasound Study for Left Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268.

Decision rationale: Per ACOEM, Chapter 11, page 268, "For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation." The injured worker has not had four to six weeks of conservative care with splinting and acetominophen. Special studies such as ultrasound are not indicated. The request for Ultrasound Study for Left Wrist is not medically necessary.