

Case Number:	CM13-0019501		
Date Assigned:	06/20/2014	Date of Injury:	05/19/2008
Decision Date:	08/22/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/16/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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:

The injured worker is a 68-year-old female who reported an injury on 05/19/2008. The mechanism of injury is unknown. The injured worker had a history of left thumb pain. The injured worker had diagnoses of displacement of cervical disc, headache, shoulder tenosynovitis, post-operative bilateral wrist, post-operative bilateral elbow, anxiety, probable post traumatic insomnia, and hypertension. The past treatments, diagnostic studies, and surgical history were not provided. The report on 04/17/2013 revealed the provider recommended acupuncture 1 time a week for 4 weeks, a corticosteroid injection for the thumb. Medrol cream was also recommended. On the note dated 07/03/2013, the provider indicated that the injured worker complained of headaches and cervical spine pain. The cream helped the pain about 20%. The injured worker complained of pain, loss of range of motion, numbness, and weakness to the right shoulder, right elbow, and right wrist. Medications included Tramadol cream and Enalapril. The treatment plan was for a left thumb cortisone Xylocaine injection. The Request for Authorization and rationale were not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT THUMB CORTISONE/XYLOCAINE INJECTION: Upheld

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

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

Decision rationale: The request for left thumb Cortisone/Xylocaine injection is not medically necessary. The injured worker has a history of left thumb pain, cervical spine pain and headaches. The California MTUS Guidelines recommend that invasive techniques, such as needle acupuncture and injection procedures, have insufficient high quality evidence to support their use. The exception is corticosteroid injections about the tendon sheaths or, possibly, the carpal tunnel in cases resistant to conservative therapy for 8 to 12 weeks. There is a lack of documentation of the left thumb having pain. There was no justification for a need for an injection at this time. As such, the request is not medically necessary.