

Case Number:	CM13-0030316		
Date Assigned:	11/27/2013	Date of Injury:	10/03/2012
Decision Date:	08/20/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/30/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 40-year-old male who reported an injury on 10/03/2012. He was reportedly pulling a metal binder with his left hand when the binder snapped and struck his right wrist. He then fell backwards landing on the ground and used the right hand to brace his fall. On 03/24/2014, the injured worker presented with stabbing pain and stiffness in the right thumb and wrist region. Upon examination of the right hand, there was pain with abduction of the thumb and tenderness to the radial wrist. The diagnoses were status post release of the first dorsal compartment, normal postoperative scarring at the operative site, hyperpathia and allodynia, no clinical evidence of carpal tunnel syndrome, and no evidence of radial neuritis. Prior therapy included medications. The provider recommended an ultrasound guided corticosteroid injection to the flexor sheath of the left thumb. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

An ultrasound guided corticosteroid injection to the flexor sheath of the left thumb:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 2013, (Forearm, Wrist & Hand), Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

Decision rationale: The request for an ultrasound guided corticosteroid injection to the flexor sheath of the left thumb is not medically necessary. The California MTUS/ACOEM Guidelines state that injections of corticosteroids into the carpal tunnel in mild to moderate cases are indicated after a trial of splinting and medication. Initial injection into the tendon sheath for clearly diagnosed cases of De Quervain's syndrome, tenosynovitis, or trigger finger is also recommended. The included documentation lacked current deficits of the left thumb to warrant a corticosteroid injection. Additionally, the injured worker does not have a diagnosis that is congruent with the Guideline recommendation. As such, the request for an ultrasound guided corticosteroid injection to the flexor sheath of the left thumb is not medically necessary.