

Case Number:	CM13-0036140		
Date Assigned:	12/13/2013	Date of Injury:	10/23/2006
Decision Date:	08/29/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/18/2013

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for bilateral thumb pain reportedly associated with an industrial injury of October 23, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; reported diagnosis with thumb arthritis; multiple steroid injections to the thumb; and 33% upper extremity impairment rating through an August 16, 2012 Medical-Legal Evaluation. On September 14, 2013, the claims administrator denied a request for steroid injections to the bilateral thumbs, invoking non-MTUS ODG Guidelines exclusively despite the fact that the MTUS addresses the topic. The claims administrator's rationale was very difficult to follow. The claims administrator seemingly suggested that the applicant should pursue other conservative treatment before corticosteroid injections were sought. The claims administrator did not incorporate the non-MTUS ODG Guidelines into its rationale. In an August 15, 2012 Medical-Legal Evaluation, the applicant was described as a former machinist. The applicant apparently carried a diagnosis of bilateral CMC joint osteoarthritis, reportedly secondary to cumulative trauma at work. The applicant had reportedly undergone multiple previous steroid injections, therapy, and splinting, it was suggested. The applicant was apparently given a 33% upper extremity impairment rating on that occasion. On July 26, 2013, the applicant reported persistent complaints of bilateral thumb pain. It was stated that the applicant has been given an 18% whole-person impairment rating as well as permanent work restrictions. The applicant had had co morbid hypertension and diabetes, it was acknowledged. The applicant apparently stated that his pain was mild and stated that he was able to dress himself, button buttons, zip zippers, and put on socks. Splinting was also efficacious, it was stated. The applicant's BMI was 22. The applicant apparently exhibited tenderness about the CMJ and MP joints of the thumbs. Steroid injections to the same were sought. Motrin was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

STEROID INJECTION BILATERAL THUMB: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC 2013 Forearm, Wrist, and Hand Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): TABLE 11-7, PAGE 272.

Decision rationale: The request for steroid injections to the bilateral thumbs is not medically necessary, medically appropriate. As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 11, Table 11-7, page 272, repeated or frequent injections of corticosteroids are deemed not recommended. In this case, the applicant has had multiple prior corticosteroid injections; it was outlined on a Medical-Legal Evaluation. These do not appear to have been altogether successful, as the applicant was left with pronounced residual impairment, about 18% of the whole person, it was stated. It did not appear that the applicant has returned to work after having had multiple prior corticosteroid injections. The attending provider did not outline why repeat corticosteroid injections were being sought if the earlier injections were, in fact, unsuccessful. Therefore, the request is not indicated both owing to the applicant's seemingly unfavorable response to earlier injections as well as owing to the unfavorable ACOEM position on repeated or frequent corticosteroid injections. Accordingly, the request is not medically necessary.