

Case Number:	CM14-0107167		
Date Assigned:	08/01/2014	Date of Injury:	08/12/2011
Decision Date:	12/10/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/10/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 59 year old female who was injured on 8/12/2011. She was diagnosed with contusion of the hand, cervical spine herniated nucleus pulposus, lumbar spine herniated nucleus pulposus, left shoulder tear/impingement syndrome, left shoulder tendinitis, and left middle finger osteoarthritis. She was treated with medications, physical therapy, and acupuncture. On 6/6/2014, the worker was seen by her treating physician with a report of left hand intermittent pain rated at 6/10 on the pain scale and limited range of motion of the middle finger. She also reported left shoulder pain with radiation to cervical spine. Physical findings included tenderness at left AC joint, tenderness and swelling of left 3rd PIP joint (proximal interphalangeal joint), and impingement sign and limited range of motion of left shoulder. She was then given injections of corticosteroid in her left shoulder and left 3rd PIP joint in her hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection left 3rd PIP under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, chapter: forearm wrist and hand, injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264, 272. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG), Pain section, Injection with anesthetics and/or steroids Other Medical Treatment Guideline or Medical Evidence: National Guideline C. American College of Rheumatology 2012 recommendations for the use of nonpharmacologic and pharmacologic therapies in osteoarthritis of the hand, hip, and knee. (<http://www.guideline.gov/content.aspx?id=36893>).

Decision rationale: The MTUS ACOEM Guidelines state that injections of corticosteroids may be considered for hand conditions such as trigger finger, tendinitis/tenosynovitis, ganglions, and carpal tunnel syndrome, but does not mention injections for hand osteoarthritis. The ODG, also does not specify any specific criteria for injecting steroids in a hand joint, but does state that pain injections in general for the purpose of improving function, decreasing medications, relieving pain, and encouraging return to work should at the very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain medications, improved function, and/or return to work. The America College of Rheumatology Guideline subcommittee on Quality of Care and Board of Directors do not recommend intraarticular injections of corticosteroids or hyaluronates based on the limited available evidence to support this modality. In the case of this worker, although unclear, seemed to have the diagnosis of osteoarthritis of the left PIP joint of her hand, and there was no evidence for any other source of her pain found in the documents provided for review. Therefore, an intraarticular injection of cortisone is not recommended and will be considered medically unnecessary for this worker based on the guidelines above.