

<b>Case Number:</b>	CM14-0014608		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	06/12/2009
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 Physical Medicine and Rehabilitation 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 patient is a 59-year-old female, who has submitted a claim for status post right de Quervain's release and status post right carpal tunnel release associated with an industrial injury date of June 12, 2009. Medical records from 2013 were reviewed. The patient complains of right thumb, hand and wrist pain rated 4/10. She underwent right thumb de Quervain's release on December 20, 2012. Physical examination showed mild swelling around the right thumb, wrist and distal forearm; decreased active range of motion (ROM) of the right wrist; active triggering of the right finger and weakness of the right wrist at 3-/5 and left wrist at 4-/5. The diagnoses were status post right de Quervain's release, status post right carpal tunnel release, right middle trigger finger release, and onset of right ring trigger finger. The treatment plan includes a request for right trigger finger (right ring) cortisone injection under ultrasound guidance. The treatment to date has included oral analgesics, right wrist de Quervain's release, wrist brace, chiropractic therapy, acupuncture, physical therapy and home exercise program. The utilization review from January 29, 2014, modified the request from right trigger finger (right ring) cortisone injection under ultrasound guidance to right trigger finger (right ring) cortisone injection without ultrasound.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT TRIGGER FINGER (RIGHT RING) CORTISONE INJECTION UNDER ULTRASOUND GUIDANCE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ([http://www.odg-twc.com/odgtwc/Forearm\\_Wrist\\_Hand.htm#TreatmentProtocols](http://www.odg-twc.com/odgtwc/Forearm_Wrist_Hand.htm#TreatmentProtocols)).

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

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that one (1) or two (2) injections of lidocaine and corticosteroids into or near the thickened area of the flexor tendon sheath of the affected finger are almost always sufficient to cure symptoms and restore function. A procedure under local anesthesia may be necessary to permanently correct persistent triggering. In this case, trigger finger injection of the right ring finger was requested. The guidelines recommend one (1) or two (2) injections of the affected finger for symptom relief and restoration of function. However, there was no mention regarding the need for ultrasound to be able to perform the procedure. There was no compelling rationale concerning the need for variance from the guideline. The medical necessity for ultrasound guidance was not established. Therefore, the request for is not medically necessary.