

<b>Case Number:</b>	CM14-0115624		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	05/18/2010
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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 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:

This is a 61 year old male with a 5/18/10 injury date. The mechanism of injury is not provided. In a follow-up on 9/19/13, subjective complaints included right ring finger triggering. Objective findings included triggering of the right ring finger and decreased sensation at the tip of the finger. Diagnostic impression: right ring finger triggering. Treatment to date: none to date for right ring finger. A UR decision on 6/26/14 denied the request for right ring finger trigger point injection with marcaine and kenalog on the basis that guidelines do not support trigger point injections with the use of a corticosteroid.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Right Ring Finger Trigger Point Injection with Kenalog and Marcaine, Ultrasound Guided:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Forearm, Wrist, and Hand Chapter. X Other Medical Treatment Guideline or Medical Evidence: Bodor M, Flossman T. Ultrasound-guided first Annular Pulley Injection for Trigger Finger. J Ultrasound Med 2009; 28:737-743.

**Decision rationale:** The ACOEM Guidelines states that one or two 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. The request is for a trigger finger injection which is a straightforward treatment for a triggering finger that the guidelines support. The ACOEM Guidelines does not address the use of ultrasound. However, the use of ultrasound in trigger point injection is supported in an article by Bodor M et al, which found a 90% success rate. Therefore, the request is medically necessary.