

Case Number:	CM14-0146865		
Date Assigned:	09/12/2014	Date of Injury:	02/01/2009
Decision Date:	11/04/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 58 year old with an injury date on 2/1/09. Patient complains of "pull-up" sensation when bending 1st and 2nd fingers of right hand, with pain radiating to forearm per 8/13/14 report. Patient cannot type, cannot write 3 lines, and also has cramps in the fingers of his right hand per 8/13/14 report. Based on the 8/13/14 progress report provided by [REDACTED] the diagnoses are: 1. s/p right shoulder surgery 2. Bilateral wrist CT surgery Exam on 8/13/14 showed "able to perform range of motion on bilateral wrists. Tenderness to palpation bilateral wrists. Normal gait." Patient's treatment history includes paraffin baths, acupuncture, and a home exercise program. [REDACTED] is requesting cortisone injection, right palm. The utilization review determination being challenged is dated 8/26/14 and denies injection due to limited subjective/objective findings, no diagnostic exams in request, and guidelines do not recommend except for tendon sheaths of carpal tunnel resistant to conservative therapy. [REDACTED] is the requesting provider, and he provided treatment reports from 7/2/13 to 8/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection, right palm: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Injection with anaesthetics and/or steroids

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter on Shoulder Chapter, Corticosteroid injections

Decision rationale: This patient presents with pain in 1st and 2nd fingers of right hand, radiating to forearm. The treating physician has asked for a cortisone injection, right palm on 8/13/14. Review of the reports does not show any evidence of cortisone injections being done in the past. Regarding cortisone Injections for the wrist, ODG recommends a single injection as an option in conservative treatment. Corticosteroid injections will likely produce significant short-term benefit, but many patients will experience a recurrence of symptoms within several months after injection. In this case, the patient presents with ongoing pain in the right hand, and the requested cortisone injection appears reasonable for this type of condition. The request is medically necessary.