

<b>Case Number:</b>	CM14-0159438		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	10/07/2010
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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:

The injured worker is a 65-year-old female who sustained an injury on 10/7/10. She is diagnosed with (a) Discogenic cervical condition with radicular component down the upper extremities, (b) Impingement syndrome of the shoulder on the right side, (c) Mild right cubital tunnel syndrome, (d) Lateral epicondylitis on the right, (e) Wrist joint inflammation and carpometacarpal joint sprain, and (f) Element of depression, stress, and insomnia. She was seen for follow up evaluation on 4/30/14. She complained of pain with swelling in the wrist, shoulder, and elbow. Magnetic resonance imaging scan of the right wrist dated 3/28/14 was reviewed. Results demonstrated inflammation with small fluid in the tendon sheath down the radial styloid with no tendon rupture, and mild first metacarpophalangeal and interphalangeal joint osteoarthritis with loosening and perforation of the triangular fibrocartilage. In her recent progress note dated 8/6/14, it was noted that she had one injection in the neck prior to the examination and two along the right shoulder. She reported that the pain had preventing her from activities of daily living. Injection to the trapezius on the right side where she had spasm, and injection along the first extensor compartment of the wrist joint and to the base of the right thumb were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Injection to the right Trapezius:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

**Decision rationale:** The requested injection to the right trapezius is not warranted at this time. From the reviewed medical records, it has been determined that the injured worker did not demonstrate any documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; hence, the request for injection to the right trapezius is not medically necessary.

**Injection Right Thumb First Extensor:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

**Decision rationale:** The requested injection to the right thumb first extensor is not warranted at this time. From the reviewed medical records, it has been determined that the injured worker did not undergo conservative therapies to the right thumb/wrist. Injections of corticosteroids or local anesthetics or both should be reserved for injured worker who do not improve with more conservative therapies. After a trial of supporting/bracing, activity modification, use of non-steroidal pain medication and physical therapy are needed to determine the necessity of the requested injection; hence, the request for injection to the right thumb first extensor is not medically necessary.