

<b>Case Number:</b>	CM14-0185606		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	05/12/2014
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 Pain Management 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 injured worker, with a date of injury on 5/12/14, presents with complaints of pain numbness and weakness at the right hand and fingers. Upper extremity diagnoses includes wrist tendinitis, cubital tunnel syndrome, carpal tunnel syndrome and first carpometacarpal arthralgia. Examination reveals painful wrist range of motion. Phalen test and Tinel sign are positive bilaterally. There is no documentation of a palpable trigger finger. Treatment interventions included Norco for pain, physical therapy. On 10/7/14 request was made for Trigger Finger Injection Under Ultrasound Guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger Finger Injection At Right 4th Finger Under Ultrasound Guidance:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-265.

**Decision rationale:** The injured worker has been diagnosed with carpal tunnel syndrome and cubital tunnel syndrome. There is also noted to be a diagnosis of right fourth trigger finger without legible supportive physical examination findings such as locking finger or palpable

triggering. MTUS guidelines recommends conservative therapy for 8 to 12 weeks before considering injections. There is no documented evidence of completion of adequate conservative therapy such as NSAIDs and an exercise program and supportive findings consistent with trigger finger. Request for Trigger Finger Injection is therefore, not medically necessary.