MAXIMUS Federal Services

Case Number:	CM14-0039076		
Date Assigned:	06/27/2014	Date of Injury:	06/12/1997
Decision Date:	07/31/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/03/2014

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 Pain 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 59-year-old individual with an original industrial date of injury of June 12, 1997. The patient has trigger finger as well as a history of right from basil joint arthroplasty with excision of trapezium and wire fixation. The disputed request is for trigger point injection to with ultrasound guidance. This was requested on March 6, 2014. A utilization review performed on March 19, 2014 had non certified this request. The cited guidelines included the Chronic Pain Medical Treatment Guidelines section on trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection to the right thumb under ultrasound guidance Qty: 1.00:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273,Chronic Pain Treatment Guidelines Trigger point injections Page(s): 121-122.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

Decision rationale: In this case, it is evident that the utilization review determination cited the incorrect guidelines. The provider did not request a trigger point injection, but an injection to

address right from trigger finger. This is a different diagnostic entity altogether. Whereas trigger point injections are indicated for myofascial pain syndrome, a trigger finger injection is indicated for trigger finger. The California Medical Treatment and Utilization Schedule adopts ACOEM Chapter 11 with regard to forearm, wrist, and hand issues. On page 264 of Chapter 11, there is recommendation for local corticosteroid and lidocaine as an option for trigger finger. The progress note on date of service March 6, 2014 was reviewed. It is handwritten and parts of it are difficult to decipher. The objective findings for the right thumb include slight decrease in active range of motion and triggering with active range of motion. Ultrasound guidance is optional, and if the requesting healthcare provider feels that this could further delineate the soft tissue structures, then this is appropriate. This request is medically necessary.