

<b>Case Number:</b>	CM14-0046574		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	05/13/2003
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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:

This is a 69-year-old male who sustained a remote industrial injury on 05/13/03 diagnosed with shoulder joint pain, status post bilateral shoulder surgeries, status post bilateral carpal tunnel release, and status post bilateral trigger thumb release. Mechanism of injury is not specified. The request for One cortisone injection of the bilateral hand under ultrasound was non-certified at utilization review due to the lack of recent objective findings to support the need for the requested injection. The most recent progress note provided is 02/10/14 but this report contains no significant information pertaining to the patient's diagnoses. Patient's complaints and physical exam findings are non-existent. Current medications are also not listed. Provided documents include the previous Utilization Review denial, which highlights a request for a recent progress report went unanswered. The patient's previous treatments and imaging studies are not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One cortisone injection of the bilateral hand under ultrasound:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment/Disability Duration Guidelines, Forearm, wrist, & Hand (acute & chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic) (Not including "Carpal Tunnel Syndrome"), Injection.

**Decision rationale:** According to the Official Disability Guidelines, injections are recommended for trigger finger and for de Quervain's tenosynovitis. In this case, provided documentation includes one progress report that does not contain any subjective or objective findings. The patient's previous treatments are also not provided for review so it cannot be ascertained whether the patient has received prior cortisone injections resulting in any benefit. Without this documentation to support the need for the requested procedure, medical necessity cannot be supported and not medically, necessary of one cortisone injection of the bilateral hand under ultrasound is recommended. Therefore ,the request is not medically necessary.