

Case Number:	CM14-0046770		
Date Assigned:	07/02/2014	Date of Injury:	01/22/2013
Decision Date:	08/01/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/14/2014

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, Pain Management 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 female patient with the date of injury of January 22, 2013. A Utilization Review was performed on March 31, 2014 and recommended non-certification for left carpometacarpal (CMC) cortisone injection under ultrasound (U/S) guidance between 3/19/2014 and 4/30/2014. A Progress Report dated March 21, 2014 identifies primary complaints of continued daily pain to 1st CMC. Objective findings identify the left thumb with mild decrease in flexion/extension. Diagnoses identify left thumb with CMC osteoarthritis (O/A). Treatment Plan identifies cortisone injection to 1st CMC joint with U/S guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left CMC cortisone injection under U/S (ultrasound) guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand, Injection.

Decision rationale: Guidelines state most invasive techniques, such as needle acupuncture and injection procedures, have insufficient high quality evidence to support their use. The exception is corticosteroid injections about the tendon sheaths or, possibly, the carpal tunnel in cases

resistant to conservative therapy for eight to twelve weeks. ODG states injection is recommended for trigger finger and for de Quervain's tenosynovitis. Guidelines also identify that steroid injections are recommended for carpometacarpal (CMC) thumb arthritis. Within the documentation available for review, there is a diagnosis of carpometacarpal osteoarthritis. However, there are no clinical findings or X-rays supporting this diagnosis. In the absence of such documentation, the request is not medically necessary.