

<b>Case Number:</b>	CM14-0049240		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	04/05/1996
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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 Texas. 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 60 year old female who reported an injury to her left thumb on 04/05/1996. Utilization review dated 07/01/14 resulted in a denial for the requested injection at the left thumb and lab studies including blood chemistry panel. The injured worker indicated the initial injury occurred when she had a fall. A clinical note dated 07/22/13 indicated the injured worker previously undergoing surgical intervention at the first dorsal compartment. The injured worker demonstrated tenderness to palpation at the A1 pulley of the thumb. Swelling was identified. No triggering or hyperextension were identified but hyperextension was quite painful. A clinical note dated 09/06/13 indicated the injured worker complaining of burning sensation at the right hand. The injured worker stated she was unable to sleep on her left side secondary to recurrent numbness. Clinical note dated 10/07/13 indicated the injured worker previously undergoing multiple injections at the thumb. Operative note dated 10/16/13 indicated the injured worker undergoing right trigger thumb release. The utilization review dated 09/19/13 indicated the injured worker being certified for right sided trigger thumb release. The utilization review dated 03/13/14 resulted in a denial for injection at the left thumb and blood chemistry panel as the injured worker had demonstrated no significant improvements following the previous injection. No information was submitted regarding organic illness to warrant a blood panel exam.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Injection to the left thumb basilar joint of 3cc of 1% Lidocaine and 6mg Celestone:**  
Upheld

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

**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 and Hand Chapter, Injection.

**Decision rationale:** Clinical documentation indicates the injured worker continuing with upper extremities pain. The injured worker previously underwent injection at the left thumb resulting in no significant improvements. Given that no information was submitted regarding objective functional improvement following the most recent injection a subsequent injection would not be medically indicated. Therefore the request for 1 Injection to the left thumb basilar joint of 3cc of 1% Lidocaine and 6mg Celestone is not medically necessary.

**1 Blood Chemistries Panel:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 1.)Fischbach FT, Dunning MB III, eds. (2009). Manual of Laboratory and Diagnostic Tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins.2.)Pagana KD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

**Decision rationale:** Blood chemistry panels are indicated for injured workers who have demonstrated significant findings with preliminary testing. No information was submitted regarding any preliminary test that would indicate the need for blood chemistry panel. Additionally, symptomology appears to be located in the upper extremities. No information was submitted regarding organic diseases. Therefore, this request for 1 Blood Chemistries Panel is not medically necessary.