

<b>Case Number:</b>	CM14-0051532		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/21/2002
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 Orthopedic Surgery 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 claimant is a 58-year-old female who sustained multiple orthopedic injuries on 12/10/11. The clinical records provided for review specific to the claimant's right thumb, include a progress report of 03/11/14 describing constant complaints of pain and difficulty gripping objects. Physical examination showed tenderness to palpation at the trapeziometacarpal joint, a positive Finkelstein test and a positive CMC grind test. Conservative treatment had included two previous corticosteroid injections both in 2012. There was also documentation of physical therapy and the use of H wave devices and splinting. The claimant was diagnosed with severe degenerative arthrosis of the first CMC joint with mild subluxation and degenerative changes on recent radiographs. The recommendation was for a corticosteroid injection at the CMC joint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cortisone injection - right thumb (outpatient):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

**Decision rationale:** Based on California MTUS ACOEM Guidelines, an isolated injection to the CMC joint of the right thumb would not be supported. California MTUS ACOEM Guidelines in regards to injection therapy for the hand or wrist indicates that there is insufficient high quality evidence to support the use of injection procedures. It indicates the exception being tendon sheath or possible carpal tunnel injections on a case by case basis based on resistance to conservative therapies. There is currently no clinical criteria to support the isolated or continued use of CMC joint injections of the thumb. The specific request in this individual's chronic course of care would not be supported.