

Case Number:	CM14-0070833		
Date Assigned:	06/27/2014	Date of Injury:	04/01/2009
Decision Date:	08/18/2014	UR Denial Date:	03/25/2014
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 Anesthesiology, has a subspecialty in Pain 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 58-year-old female who sustained an injury to her right hand on 04/01/09. Mechanism of injury was not documented. Clinical note dated 01/29/14 reported that the injured worker complained of right thumb pain 5/5 left 3/5 visual analog scale that was dull with use. Physical examination noted significant tenderness over the right thumb carpometacarpal (CMC) joint, slight pain on the left; positive grind test and positive piano key test; no tenderness over first extensor compartment; negative Finklestein's test; no tenderness over metacarpophalangeal (MP) joint; no instability of MP joint; no tenderness over interphalangeal joint or instability; normal appearance of nails; normal two point discrimination; normal capillary refill; intact flexor/extensor tendon; no other tenderness throughout the wrist, hand, or ring fingers, forearm, elbow, arm, or shoulder; normal motor and sensory examinations of bilateral upper extremities. The impression was that the injured worker had bilateral thumb carpometacarpal degenerative joint disease and the injured worker opted for a cortisone injection to the right thumb CMC joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cortisone Injection Right Thumb CMC Joint under Ultrasound Guidance
DOS: 1/29/14: Upheld

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

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: There were no physical therapy notes provided for review indicating the amount of physical therapy visits that the patient had completed to date or the response to any previous conservative treatment. Given this, the retrospective request for Cortisone injection to the right thumb CMC joint under ultrasound guidance, the request is not medically necessary and appropriate.