

Case Number:	CM14-0078112		
Date Assigned:	06/23/2014	Date of Injury:	08/16/2013
Decision Date:	07/28/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/28/2014

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 & Rehabilitation and is licensed to practice in Nevada. 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 43-year-old male injured on August 16, 2013. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated June 19, 2014, indicates that there are ongoing complaints of right middle finger pain. The physical examination demonstrated mild swelling over the PIP joint and tender over the ulnar collateral ligament. A previous note dated May 28, 2014, recommended a cortisone injection for the proximal interphalangeal (PIP) joint of the right middle finger. A request had been made for an ultrasound guided cortisone injection for the right middle finger and was not certified in the pre-authorization process on May 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection ultrasound guided for the right middle finger: 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 Official Disability Guidelines (ODG), Forearm, Wrist, & Hand (Acute & Chronic), updated February 18, 2014.

Decision rationale: According to the Official Disability Guidelines cortisone injections for the fingers are only recommended for trigger finger and de Quervain's tenosynovitis. It is additionally unclear why a cortisone injection is recommended for the joint when injury was diagnosed as a finger sprain. It is also unclear why ultrasound guidance is required for this procedure. For these multiple reasons this request for a ultrasound guided cortisone injection for the right middle finger is not medically necessary.