Case Number:	CM14-0193781		
Date Assigned:	12/01/2014	**Date of Injury:**	02/28/2007
Decision Date:	01/14/2015	**UR Denial Date:**	11/07/2014
Priority:	Standard	**Application Received:**	11/19/2014

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 Internal Medicine 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 59 year old female sustained cumulative trauma industrial related injuries on 02/28/2007 to both upper extremities due to repetitive job duties. The results of the injury included recent diagnoses of status post right carpal tunnel release, status post right elbow ulnar nerve release, carpal tunnel release, trigger finger release, stenosing tenosynovitis of both thumbs, persistent bilateral carpal tunnel syndrome, post-operative neuroma of the posterior branch of the medial antebrachial cutaneous nerve of the right elbow, and neuritis of the palmar cutaneous branch of the median nerve in the right wrist. The initial diagnoses were not mentioned in the clinical notes provided. Resent complaints included worsening symptoms in the right thumb that included a pop in the right thumb followed by a warm sensation and pain radiating into the wrist. It was noted that she was unable to straighten the right thumb. The injured worker also reported weakness in the left hand with burning pain in the left wrist radiating up the arm into the elbow, shoulder and neck. Objective findings of the bilateral upper extremities revealed tenderness to the annular pulley of the right thumb, and catching/locking of the right thumb with flexion. A Phalen test produced no peripheral neuritic symptoms. Tinel test was negative. Elbow flexion caused no peripheral complaints, and there was no nerve trunk tenderness. Sensation was intact to pin prick. Motor, circulation, and bone and joint evaluations were normal. Muscle and tendon evaluation revealed intermittent triggering with full flexion, but no crepitation, intrinsic tightness, or erythema. Current complaints included clicks in the left little finger with hesitation and pops at the proximal interphalangeal joint while typing. Treatment to date has included right carpal tunnel release (11/01/2007), right ulnar nerve release, carpal tunnel release and trigger finger release (11/16/2011), and a cortisone injection into the flexor tendon sheath of the right thumb (10/10/2014). This injection was noted to have improved the injured worker's symptoms for 5-6 days. Diagnostic testing has included x-ray imaging of the right thumb with no abnormal

findings mentioned. The retrospective injection was completed and requested for the treatment of symptoms in the left little finger. Treatments in place around the time the injection was completed, and the retrospective request was made, included 2 Advil every 6 hours. The injured worker's pain was increased, decreased, or unchanged. There were no real functional evaluation values provided to establish changes in functional status, and there were no noted changes in activities of daily living. Work functions were unchanged as the injured worker was working full duty without restrictions. Dependency on medical care was unchanged.On 11/07/2014, Utilization Review non-certified a prescription for 1 injection of Xyloccaine (1/22 cc 1%) and Kenalog (0.2 cc) to the flexor tendon sheath to the left little finger which was requested on 10/24/2014. The injection was non-certified based on insufficient or absence of conservative treatment prior to proceeding with an injection. The MTUS and ACOEM guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of 1 injection of Xyloccaine (1/22 cc 1%) and Kenalog (0.2 cc) to the flexor tendon sheath to the left little finger.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Injection of xylocaine (1/22 cc 1%) and kenalog (0.2 cc) to the flexor tendon sheath to the left little finger: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: Pursuant to the ACOEM, injection of Xylocaine 1% and Kenalog 0.2 mL to the flexor tendon sheath left little finger is not medically necessary. The guidelines state corticosteroid injections are recommended for acute and subacute tenosynovitis. An injection into the tendon sheath for clearly diagnosed cases of tenosynovitis is recommended. For optimal care, clinicians may always try conservative methods before considering an injection. In this case, the injured worker is 59 years old with a date of injury February 28, 2007. Injured worker had persistent left hand pain with tenderness to palpation at the first annular pulley of the right palm with clicking and stabbing with range of motion of the right thumb. There were no conservative measures such as physical therapy rendered the affected joints. There was a previous injection to the right thumb that benefit the injured worker for 5 to 6 days. As noted above, there was no subsequent physical therapy. The documentation does not contain evidence that a diagnostic injection to assist in the diagnosis of tenosynovitis of the little finger was completed. Additionally, the ACOEM recommends conservative methods prior to considering an injection. There were no conservative methods rendered to the injured worker. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, injection of Xylocaine 1% and Kenalog 0.2 mL to the flexor tendon sheath left little finger is not medically necessary.