MAXIMUS Federal Services

Case Number:	CM14-0199715		
Date Assigned:	12/10/2014	Date of Injury:	08/28/2014
Decision Date:	01/28/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/01/2014

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 Preventive Medicine, has a subspecialty 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 male who sustained a work related injury on August 26, 2014, experiencing worsening of right foot pain, neck pain, low back pain, left knee and elbow pain, as well as the onset of pain and locking in the right hand and ring finger. The Primary Treating Physician's report dated November 11, 2014, noted the symptoms subsided with rehabilitative therapy, except for the trigger finger. Examination of the right ring finger revealed tenderness to palpation over the A1 pulley region with active triggering. The diagnoses included right ankle/foot Achilles tendinitis with the presence of calcification and inflammatory changes at the calcaneus at the insertion of the Achilles tendon with associated plantar fasciitis and heel spur with partial tear of the Achilles tendon and moderate degenerative changes in the first metatarsophalangeal joint, per MRI dated November 3, 2014; cervical/trapezial musculoligamentous sprain/strain; lumbar musculoligamentous sprain/strain; left knee sprain with patellofemoral arthralgia and possible internal derangement; left elbow olecranon bursitis; right hand/ring finger triggering; and left hand/thumb carpometacarpal arthralgia. The Physician requested authorization for a right ring trigger finger injection under ultrasound guidance, and Voltaren gel.On November 21, 2014, Utilization Review evaluated the request for a right ring trigger finger injection under ultrasound guidance, and Voltaren gel, citing the MTUS Chronic Pain Medical Treatment Guidelines, and the Official Disability Guidelines (ODG) Treatment Integrated Treatment/Disability Duration Guidelines, Forearm, Wrist, and Hand (Acute and Chronic), updated May 8, 2013, and Topical Analgesics, updated February 14, 2012. The UR Physician noted that there was no current documentation of persistent finger triggering despite therapy, and that based on the currently available information, the medical necessity of the right ring trigger finger injection under ultrasound guidance was not established, and therefore denied. The UR Physician noted that regarding the Voltaren gel, there was no

documentation of the injured worker's intolerance of these or similar medications taken on an oral basis, and based on the currently available documentation available, the medical necessity of the Voltaren gel had not been established, and was therefore denied. The decisions were subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Ring Trigger Finger Injection Under Ultrasound Guidance: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Wrist and Hand (acute & chronic). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) < Forearm, Wrist, & Hand (Acute & Chronic) (Not including "Carpal Tunnel Syndrome") >, < Injection >.

Decision rationale: The injured worker sustained a work related injury on August 26, 2014. The medical records provided indicate the diagnosis of right ankle/foot Achilles tendinitis with the presence of calcification and inflammatory changes at the calcaneus at the insertion of the Achilles tendon with associated plantar fasciitis and heel spur with partial tear of the Achilles tendon and moderate degenerative changes in the first metatarsophalangeal joint, per MRI dated November 3, 2014; cervical/trapezial musculoligamentous sprain/strain; lumbar musculoligamentous sprain/strain; left knee sprain with patellofemoral arthralgia and possible internal derangement; left elbow olecranon bursitis; right hand/ring finger triggering; and left hand/thumb carpometacarpal.The medical records provided for review do indicate a medical necessity for Right Ring Trigger Finger Injection under Ultrasound Guidance. The MTUS recommends that significantly symptomatic trigger finger, are best treated with a cortisone/anesthetic injection at first encounter, with hand surgery referral if symptoms persist after two injections by the primary care or occupational medicine provider. Also, the Official Disability Guidelines regards steroid injection therapy as the first-line treatment of trigger fingers in nondiabetic patients, therefore, this guidelines recommends steroid injection in the flexor sheath at the level of the A1 pulley an effective method of treating patients with trigger finger and should be considered as the preferred treatment. The requested treatment is medically necessary and appropriate.

Voltaren Gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical Analgesics

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The injured worker sustained a work related injury on August 26, 2014. The medical records provided indicate the diagnosis of right ankle/foot Achilles tendinitis with the presence of calcification and inflammatory changes at the calcaneus at the insertion of the Achilles tendon with associated plantar fasciitis and heel spur with partial tear of the Achilles tendon and moderate degenerative changes in the first metatarsophalangeal joint, per MRI dated November 3, 2014; cervical/trapezial musculoligamentous sprain/strain; lumbar musculoligamentous sprain/strain; left knee sprain with patellofemoral arthralgia and possible internal derangement; left elbow olecranon bursitis; right hand/ring finger triggering; and left hand/thumb carpometacarpal.The medical records provided for review do not indicate a medical necessity for Voltaren Gel. Voltaren Gel 1% (diclofenac, is a topical Analgesic. The MTUS recognizes the topical analgesics as experimental drugs recommended as an option in the treatment of neuropathic pain that have failed treatment with antidepressants and anticonvulsants. The treatment is not medically necessary and appropriate since there is no indication there antidepressants and anticonvulsants were tried and failed.