

Case Number:	CM14-0201713		
Date Assigned:	12/12/2014	Date of Injury:	08/12/2011
Decision Date:	01/29/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/02/2014

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 Rehab, has a subspecialty in Interventional spine, 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 is a 59 year old female who sustained a work related injury on August 12, 2011. The mechanism of injury was a fall from a ladder. The injured worker sustained an injury to the cervical spine, lumbar spine, left shoulder and left hand. Utilization Review documentation makes reference to a progress note dated October 21, 2014, which was not submitted for this review. The injured worker had an x-ray of the left hand performed which revealed a fracture to the left middle finger with dislocation. X-rays of the left shoulder and low back were negative for a fracture. Treatment has included pain management, chiropractic and acupuncture sessions. Current documentation dated September 23, 2014 notes that the injured worker reported pain in the cervical spine which was rated at a five out of ten on the Visual Analogue Scale. The pain was described as dull and achy, radiating down between the shoulder blades and back. She also reported pain in the left shoulder and left hand. Physical examination of the cervical spine showed moderate tenderness to palpation and spasm over the cervical paraspinal muscles extending to the bilateral shoulders. There was also facet tenderness to palpation over the cervical three through cervical seven levels. Cervical range of motion and sensation were decreased. Spurling sign was positive. Left upper extremity examination revealed moderate shoulder pain over the acromioclavicular joint. Range of motion was decreased. Impingement sign and the O'Brien's test were positive. She was noted to have moderate left middle finger pain. The injured worker was noted to not be working. An MRI of the left shoulder, date unspecified, revealed a superior labrum anterior and posterior tear. MRI of the left hand, date unspecified, showed osteoarthritis in the interphalangeal joints, most severe in the third digit. MRI of the cervical spine dated December of 2011 revealed degenerative disc disease. Diagnoses include cervical degenerative disc disease, cervical radiculopathy, cervical facet syndrome, left shoulder rotator cuff tear and left middle strain/sprain. The treating physician requested a steroid

joint injection of the left third proximal interphalangeal joint. Utilization Review evaluated and denied the request on November 4, 2014. The Official Disability Guidelines were referenced and recommend steroid injections for a trigger finger and de Quervain's tenosynovitis. Per the documentation the injured worker was not noted to have a trigger finger or Quevain's tenosynovitis. In addition, the documentation did not support that the injured worker had conservative treatment, such as physical therapy to address her symptoms and no documentation of significant functional deficits. Therefore, the request is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid joint injection 3rd PIP (proximal interphalangeal): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand, Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

Decision rationale: This is a 59 year old female who sustained a work related injury on August 12, 2011. The mechanism of injury was a fall from a ladder. The injured worker sustained an injury to the cervical spine, lumbar spine, left shoulder and left hand. There is an orthopedic report dated 8/29/14 that notes limited motion in the left 3rd DIP joint with tenderness and requests a steroid injection. Subsequent reports from 9/17/14 diagnose this as a 3rd digit sprain. MTUS/ACOEM guidelines Chapter 11, page 264, table 11-4 shows options for tendinitis/tenosynovitis: Injections of lidocaine and corticosteroids for trigger finger: Injections of lidocaine and corticosteroids; for CTS: Injections of lidocaine and corticosteroids; for Ganglion: Injections of lidocaine and corticosteroids. The available medical reports show the patient has multiple injuries from a fall from a ladder. There is brief mention of left 3rd finger pain and loss of motion at the distal interphalangeal joint by the orthopedist on 8/29/14. The physician at that time recommended a cortisone injection at the left 3rd proximal interphalangeal joint. The MTUS/ACOEM guidelines recommend injections for tendonitis. MRI was reported to show arthritis at the PIP joint. The patient was also subsequently diagnosed with a 3rd finger sprain by the treating physician. MTUS guidelines are silent on cortisone injections for PIP joint sprain or arthritis, but do offer the option of the injection for the tendonitis. The request for steroid joint injection 3rd PIP is medically necessary.