

Case Number:	CM14-0204074		
Date Assigned:	12/16/2014	Date of Injury:	09/17/2012
Decision Date:	02/05/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/05/2014

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 Plastic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Oregon. 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 45 year old female who sustained a work related injury on September 17, 2012. The mechanism of injury was continuous trauma. The injured worker developed right hand and wrist pain from repetitive motion while working as a medical bill collector. Treatment has included bracing, physical therapy, acupuncture and Cortisone injections to her right middle and ring trigger fingers with some relief. Current documentation dated October 29, 2014 note that the injured worker reported intermittent pain to the right thenar area, which wakes her up at night. Physical examination of the right hand revealed a positive right Tinel's test and a positive scratch collapse test right carpal tunnel. There was tenderness at the thenar base. An x-ray of the right hand and wrist performed on 10/29/2014 were within normal limits. Diagnoses include carpal tunnel syndrome and right middle and ring finger trigger fingers. Work status was usual and customary. The treating physician requested an MRI of the right wrist and an ultrasound guided steroid injection into the right carpal tunnel syndrome and right thumb flexor pollicis longus tendon sheath. Utilization Review evaluated and denied the requests on November 7, 2014. Utilization Review non-certified the request for an MRI of the right wrist due to the provider did not document any red flag signs and no plans of treatment were documented. Therefore, the request is denied. In regards to the ultrasound guided steroid injection into the right carpal tunnel syndrome, Utilization Review noted that the steroid injection was warranted. However, the carpal tunnel was palpable and therefore the use of ultrasound guidance is not indicated. In regards to the ultrasound guided steroid injection into the right thumb flexor pollicis longus tendon sheath, Utilization Review noted that an injection was warranted. However, the carpal tunnel was palpable and therefore the use of ultrasound guidance is not indicated. Therefore, the request is non-certified. The Official Disability Guidelines were referenced in regards to the MRI

request. MTUS ACOEM Chapter 11, Injections were referenced in regard to the steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ultrasound, diagnostic

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, MRI indications.

Decision rationale: Per ODG guidelines: Indications for imaging -- Magnetic resonance imaging (MRI):- Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required - Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required - Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury) - Chronic wrist pain, plain films normal, suspect soft tissue tumor - Chronic wrist pain, plain film normal or equivocal, suspect Kienbock's disease - Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The records do not document wrist trauma. She has wrist pain but the records do not document a concern regarding Kienbock's disease or soft tissue tumor. The records do not document any of the indications for MRI.

Ultrasound guided steroid injection into right carpal tunnel: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: Steroid injection is appropriate to treat the patient's carpal tunnel syndrome. Ultrasound guided injections result in an improved outcome. Per [REDACTED], "Although both US-guided and blind steroid injections were effective in reducing the symptoms of CTS and improving the function, an earlier onset/better improvement of symptom relief suggests that US-guided steroid injection may be more effective than are blind injections in CTS.: Am J Phys Med Rehabil. 2013 Nov;92(11):999-1004. doi: 10.1097/PHM.0b013e31829b4d72. Ultrasound-guided vs. blind steroid injections in carpal tunnel syndrome: A single-blind randomized

prospective study. [REDACTED]
[REDACTED]

Right thumb flexor pollicis longue tendon sheath: 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 Other Medical Treatment Guideline or Medical Evidence: Arch Orthop Trauma Surg. 2015 Jan;135(1):125-31. doi: 10.1007/s00402-014-2110-9. Epub 2014 Nov 9. Corticosteroid injection for trigger finger: blinded or ultrasound-guided injection? Cecen GS1, Gulabi D, Saglam F, Tanju NU, Bekler HI.

Decision rationale: According to a study by Cecen et al, "The use of ultrasound-guided injection of corticosteroid may be associated with extra time and effort, with no superior clinical benefits compared to the blinded technique." There is no additional benefit to the use of ultrasound for this patient's injection.