

Case Number:	CM15-0000254		
Date Assigned:	01/09/2015	Date of Injury:	10/28/2008
Decision Date:	03/10/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62 year old female who sustained an industrial injury on 10/28/2008. She has reported pain in the left thumb. The diagnoses have included symptomatic bilateral osteoarthritis of the thumbs. Treatment to date has included medications, topical anti-inflammatories, braces physical therapy and TENS trial. Currently, the IW complains of pain. The injured worker just completed a cortisone injection under fluoroscopy and ultrasound with improvement of pain and functions to the right thumb and was recommended to also have the same treatment to the left thumb. On 12/19/2014 Utilization Review modified the request for a cortisone injection to the left thumb under fluoroscopy and ultrasound to only utilize fluoroscopy, noting the ACOEM Occupational Medicine Practice Guidelines 2004.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection with ultrasound, left CMC joint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 265.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation LC4610.5(2) (no guidelines)

Decision rationale: According to the 12/19/14 Utilization Review letter, the CMC injection requested on the 12/03/14 medical report was modified from cortisone injection with fluoroscopy guidance and ultrasound needle to the left CMC joint, to allow cortisone injection with fluoroscopy guidance to the CMC joint. According to the 12/3/14 report, the physician provided a cortisone injection to the patient's right hand CMC joint under fluoroscopy and ultrasound, and requests this for the left hand CMC joint. MTUS/ACOEM and ODG do not discuss the use of both fluoroscopy and ultrasound for the CMC joint. According to LC4610.5(2) "Medically necessary" and "medical necessity" mean medical treatment that is reasonably required to cure or relieve the injured employee of the effects of his or her injury and based on the following standards, which shall be applied in the order listed, allowing reliance on a lower ranked standard only if every higher ranked standard is inapplicable to the employee's medical condition: (A) The guidelines adopted by the administrative director pursuant to Section 5307.27.; (B) Peer-reviewed scientific and medical evidence regarding the effectiveness of the disputed service.; (C) Nationally recognized professional standards.; (D) Expert opinion.; (E) Generally accepted standards of medical practice.; (F) Treatments that are likely to provide a benefit to a patient for conditions for which other treatments are not clinically efficacious. In this case, the highest ranked standard is likely (D) Expert opinion or (E) generally accepted standards of medical practice. The use of both fluoroscopy and ultrasound for a CMC joint injection does not appear to be necessary in a joint that can be injected without either imaging studies. It is not the generally accepted standards of medical practice. The UR physician has approved the injection with fluoroscopy guidance. The request for Cortisone injection with ultrasound, left CMC joint IS NOT medically necessary.