

Case Number:	CM15-0002245		
Date Assigned:	01/13/2015	Date of Injury:	02/03/2012
Decision Date:	03/13/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/05/2015

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: Orthopedic Surgery, Sports Medicine

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 45-year-old female who reported an injury on 02/03/2012. The mechanism of injury was not provided. On 11/25/2014, the injured worker presented for an evaluation. The injured worker had complaints of pain in the right upper extremity. The injured worker reports that prior physiotherapy sessions has not significantly helped. She had a right wrist carpal tunnel release performed on 08/27/2014. On examination of the right upper extremity, there was a well healed surgical scar. There is evidence of De quervain's disease to the right thumb. There is a positive grind test of the 1st digit with pain over the carpal metacarpal region. No visible muscle atrophy. There is pain with stressing of the extensor carpi ulnaris tendon. There is no interdigit weakness and intrinsic muscles are strong. The injured worker is neurovascularly intact. The provider recommended a right thumb ultrasound guided cortisone injection. The provider noted that rather than moving forward with a left carpal tunnel release that they needed to address the right thumb as it is the most problematic. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right Thumb Ultrasound Guided Corticosteroid Injection x1, as an outpatient:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand, Injection.

Decision rationale: The request for 1 Right Thumb Ultrasound Guided Corticosteroid Injection x1 as an outpatient is medically necessary. The California MTUS/ACOEM Guidelines state that most invasive techniques such as needle acupuncture and injection procedures have insufficient high quality evidence to support their use. The exception is cortisone injection. The Official Disability Guidelines further state that an injection is recommended for De quervain's tenosynovitis. The injured worker has a diagnosis congruent with the guideline recommendations. As such, the medical necessity has been established.