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| Case Number: | CM15-0102539 | | |
| Date Assigned: | 07/14/2015 | Date of Injury: | 03/01/2015 |
| Decision Date: | 08/07/2015 | UR Denial Date: | 05/14/2015 |
| Priority: | Standard | Application Received: | 05/28/2015 |

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: North Carolina

Certification(s)/Specialty: Family Practice

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 47 year old female who sustained an industrial /work injury on 3/1/15. She reported an initial complaint of pain to hand and thumbs. The injured worker was diagnosed as having hand and joint pain. Treatment to date includes medication, physical therapy (1 session), and diagnostic testing. X-ray results reported arthritis. Currently, the injured worker complained of bilateral hand and wrist pain that was sharp and burning. The thumb felt dislocated. Pain was described as frequent and moderate to severe in intensity and rated at 4/10 at best and 5/10 at worst. Per the primary physician's report (PR-2) on 4/22/15, exam revealed tenderness with palpation over the volar side of the wrist, Bouchard's and Heberden's nodes, tenderness to palpation over the metacarpophalangeal (MCP) joints of the bilateral hands, and tenderness to 1st carpometacarpal (CMC) joint to the left hand. Current plan of care included physical therapy, surgical evaluation, trial Pennsaid for topical pain control, and injections to thumbs. The requested treatments include Bilateral carpometacarpal (CMC) injections to thumbs, unknown injection type.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral carpometacarpal (CMC) injections to thumbs, unknown injection type: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); National Institutes of Health.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: The ACOEM chapter on hand and wrist complaints states: Most invasive techniques, such as needle acupuncture and injection procedures, have insufficient high quality evidence to support their use. The exception is corticosteroid injection about the tendon sheaths or, possibly, the carpal tunnel in cases resistant to conservative therapy for eight to twelve weeks. The clinical documentation shows the injection is not for carpal tunnel syndrome symptoms and therefore criteria have not been met and the request is not medically necessary.