

<b>Case Number:</b>	CM15-0103331		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	10/28/2008
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: Texas, California  
 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 65 year old female injured worker suffered an industrial injury on 10/28/2008. The diagnoses included tendinitis. The diagnostics included left hand x-rays. The injured worker had been treated with cortisone injections. On 5/7/2015, the treating provider reported onset of new symptoms in the right hand with numbness, paresthesia and weakness. The symptoms were better in the right thumb after cortisone injections. On exam there was left thumb pain. The treatment plan included 3 un-designated medications and Ultrasound guidance for cortisone injection, Left Thumb. Patient has received an unspecified number of PT visits for this injury. The medication list include Anaprox, Zanaflex, Ultram, Norco, Nabumetone, Flector patch and Omeprazole. The patient has used a TENS unit. The patient had received cortisone injection in right CMC joint. The patient has had X-ray of the left hand that revealed osteoarthritis. Physical examination of the left thumb on 2/13/15 revealed swelling, tenderness on palpation, crepitus, and limited range of motion. A recent detailed physical examination of the left thumb was not specified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TD x3, Qty 2 (3 un-designated medications): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page 11Part 2 - Pain Interventions and Treatments.

**Decision rationale:** Request: TD x3, Qty 2 (3 un-designated medications). As per cited guideline, "The duration of continued medication treatment for chronic pain depends on the physician's evaluation of progress toward treatment objectives, efficacy, and side effects." With regard to the frequency and intensity requirements, the treating physician is required, "medications and dosages to the individual taking into consideration patient-specific variables such as comorbidities, other medications, and allergies". Clinical judgment shall be applied to determine frequency and intensity and "selection of treatment must be tailored for the individual case." The list of medications with dose and duration to be authorized was not specified in the records provided. The medication list includes Anaprox, Zanaflex, Ultram, Norco, Nabumatone, Flector patch and Omeprazole. Patient is already taking a NSAID, muscle relaxant and opioid for this injury. Rationale for adding additional medications (TD x3, Qty 2 -3 un-designated medications) was not specified in the records provided. Any unresponsiveness or decreased response to the current medications was not specified in the records provided. The details of the name and dose of the requested medication were not specified in the records provided. The request for TD x3, Qty 2 (3 un-designated medications) is not medically necessary.

**Ultrasound guidance for cortisone injection, Left Thumb, Qty 1: 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 Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (updated 06/29/15) Injection.

**Decision rationale:** Ultrasound guidance for cortisone injection, Left Thumb, Qty 1. MTUS guideline does not specifically address this issue. Hence ODG used. As per cited guideline, "Injection: Recommended for Trigger finger and for de Quervain's tenosynovitis as indicated below. The treatment of trigger fingers with a local injection of steroids is a simple and safe procedure but the risk of recurrence in the first year is considerable." A recent detailed physical examination of the left thumb was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Detailed response to previous conservative therapy was not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The request for Ultrasound guidance for cortisone injection, Left Thumb, Qty 1 is not medically necessary.