

Case Number:	CM15-0104412		
Date Assigned:	06/08/2015	Date of Injury:	10/11/2013
Decision Date:	07/09/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/01/2015

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 50-year-old female, who sustained an industrial injury on 10/11/2013. She reported bilateral hand pain. The injured worker was diagnosed as having right hand strain/sprain, tendinitis, carpal tunnel syndrome, status post injection, left hand strain/sprain, tendinitis, carpal tunnel syndrome, status post injection, bilateral wrist strain/sprain with internal derangement, and bilateral CMC joint strain/sprain. Treatment to date has included medications, surgery, and injections. The request is for ultrasound guided corticosteroid injection of the bilateral thumbs. On 4/23/2015, complained of pain to the bilateral hands and feet. She rated the pain at 4-5/10, and indicated experiencing pins and needles and burning sensation with the pain. Physical findings revealed tenderness over the distal radioulnar joint bilaterally, and full thumb range of motion, and tenderness and grinding of the left CMC joint. The treatment plan included: corticosteroid injection of the first CMC base of the bilateral thumbs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Guided Corticosteroid Injection Bilateral Thumb, QTY: 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/21545190>.

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

Decision rationale: Per Guidelines, corticosteroid injections may produce short-term pain relief; however, in the long-term, they are less effective in providing pain relief and benefit with high recurrence rates when compared to physical therapy in a functional restoration approach. In addition, cortisone injections have some risks of tendon fraying and even rupture which may not be appropriate in certain patient. Corticosteroid injections may be recommended for diagnoses of de Quervain's tenosynovitis, Trigger finger, and in mild to moderate cases of CTS after failed treatment trial of splinting and medications; however, this has not been clearly demonstrated here. Corticosteroid injections are not recommended for all chronic hand, wrist and forearm disorders and repeated or frequent injections have not shown evidenced-based efficacy. Submitted reports have not adequately demonstrated the indication or necessity to support for this request nor identified functional improvement from prior injections rendered. The Ultrasound Guided Corticosteroid Injection Bilateral Thumb, QTY: 2 is not medically necessary and appropriate.