

<b>Case Number:</b>	CM15-0106265		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	12/20/2013
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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:

This is a 48 year old female with a December 20, 2013 date of injury. A progress note dated March 30, 2015 documents objective findings (status post carpal tunnel release; dressing and splint discontinued; operative site clean and dry; no erythema; good finger motion) and current diagnoses (carpal tunnel syndrome). Subjective findings were not documented for this date of service. Treatments to date have included carpal tunnel release and cortisone injections. Parts of the medical records were difficult to decipher. The treating physician requested authorization for a cortisone injection for the right thumb.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cortisone injection under ultrasound guidance for the right thumb:** 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), Ultrasound, diagnostic; Forearm, Wrist & Hand, Injection.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Injection <http://www.odg-twc.com/index.html>.

**Decision rationale:** According to ODG guidelines, Injection is recommended for Trigger finger and for de Quervain's tenosynovitis as indicated. There is no documentation of trigger fingers in this case. Therefore the request for Cortisone injection under ultrasound guidance for the right thumb is not medically necessary.