

<b>Case Number:</b>	CM15-0107818		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	04/10/2005
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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: Preventive Medicine, Occupational 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 57 year old female sustained an industrial injury on 4/10/05. She subsequently reported left side and back pain. Diagnoses include lateral epicondylitis of the left elbow and carpometacarpal disease of the left thumb. Treatments to date include x-ray and MRI testing, injections, left wrist surgery, left knee surgery, physical therapy and prescription pain medications. The injured worker continues to experience left knee and left wrist pain. Upon examination, decreased grip strength, pain and tenderness of the carpometacarpal joint with grinding and crepitation. Phalen's test was not conclusive. A request for Cortisone injection to left thumb was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cortisone injection to left thumb:** Upheld

**Claims Administrator 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), Treatment Index, 13th Edition (Web), 2015, Forearm, Wrist and Hand - Office Visits.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Injection with anesthetics and/or steroids.

**Decision rationale:** According to the Official Disability Guidelines, an injection must be given with the intent of relieving pain, improving function, decreasing medications, and encouraging return to work. Repeat pain and other injections not otherwise specified in a particular section in ODG, should at a very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain medications, improved function, and/or return to work. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. Cortisone injection to left thumb is not medically necessary.