

<b>Case Number:</b>	CM15-0131147		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	04/08/2003
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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, New York, 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:

The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of April 8, 2003. In a Utilization Review report dated June 23, 2015, the claims administrator failed to approve requests for cortisone injections to the hand and wrist. The claims administrator referenced a June 8, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On said June 8, 2015 progress note, the applicant reported ongoing complaints of hand and wrist pain. The attending provider stated that earlier corticosteroid injections were successful. It was stated that the applicant periodically required cortisone injections. The applicant's medication list included naproxen, Neurontin, Prilosec, and a topical compounded cream, it was reported. The applicant was severely obese with BMI of 37, it was reported. The applicant was given diagnosis of tendonitis, synovitis, tenosynovitis about the injured hands, as well as carpal tunnel syndrome and trigger finger. Hand and wrist corticosteroid injection was performed in the clinic. The note was difficult to follow. It was not clearly stated precisely what region was targeted. It was not stated whether the injection addressed issues with synovitis, tenosynovitis, trigger finger, tendonitis, or carpal tunnel syndrome. The applicant had previously received a right hand corticosteroid injection on March 25, 2015 and a left hand corticosteroid injection on April 22, 2015. On both of those dates, the applicant was again given a variety of diagnoses, including tendonitis, synovitis, trigger finger, and carpal tunnel syndrome. It was not stated which diagnosis was targeted via the cortisone injection in question.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Cortisone injection with fluoroscopy & ultrasound when necessary, hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Carpal Tunnel Syndrome Procedure Summary Online Version last updated 04/02/2015; ODG-TWC Forearm, Wrist & Hand Procedure Summary Online Version.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**Decision rationale:** No, the request for cortisone injection to the hand with fluoroscopy and/or ultrasound guidance was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272, repeated or frequent injections of corticosteroids into the carpal tunnel region, tendon sheath, ganglia, etc., are deemed not recommended. Here, the applicant received such injections on multiple office visits, referenced above, including on March 25, 2015, April 22, 2015, and June 8, 2015. It was not clearly stated why repeated injections were being performed in the face of the unfavorable ACOEM position on the same. The applicant's response to previous injections was likewise not clearly described or characterized. It was not stated what issue and/or diagnosis was targeted via the injection at issue. Therefore, the request was not medically necessary.

### **Cortisone injection with fluoroscopy & ultrasound when necessary, wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Carpal Tunnel Syndrome Procedure Summary Online Version last updated 04/02/2015; ODG-TWC Forearm, Wrist & Hand Procedure Summary Online Version.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**Decision rationale:** Similarly, the request for a cortisone injection to the wrist was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272, the usage of repeated or frequent injections of corticosteroids into the carpal tunnel region, tendon sheath, ganglia, etc., are deemed not recommended. Here, the applicant had received multiple such injections, including on June 8, 2015, April 23, 2015, and on March 22, 2015. It was not stated why repeated injections were being performed in the face of the unfavorable ACOEM position on the same. Little-to-no information accompanied the clinical progress notes of the dates. It was not, furthermore, explicitly stated which issue and/or diagnosis was targeted via the injection at issue, i.e., carpal tunnel syndrome or trigger finger or tendonitis or tenosynovitis. The applicant's response to the

previous injections in terms of the functional improvement parameters established in MTUS 9792.20e was likewise not described or characterized. Therefore, the request was not medically necessary.