

Case Number:	CM15-0133533		
Date Assigned:	07/23/2015	Date of Injury:	04/24/2013
Decision Date:	08/28/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/09/2015

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:

This is a 39 year old female patient who sustained an industrial/work injury on 4/24/13. The diagnoses include sprain origin forearm extensor with superficial right radial nerve neuropathy, right carpal tunnel syndrome, deQuervain's, sprain of the CMC joint right thumb. She reported an initial complaint of right wrist, hand pain with radicular symptoms to the elbow. A doctor's note dated 3/23/2015 was not fully legible. Per the doctor's note dated 3/23/15, acupuncture was helpful, with 50% improvement. The right thumb was the main problem. The physical examination revealed tenderness to palpation. A second injection was performed. The current medications list is not specified in the records provided. She has had EMG/NCS dated 12/13/2013 which revealed mild right carpal tunnel syndrome. She has had right thumb trigger injection on 9/9/14; right thumb and elbow injection on 2/23/15; right thumb injection on 3/23/2015. She has had acupuncture for this injury. The requested treatments include Kenalog 10 mg and Lidocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kenalog 10 mg and Lidocaine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265 Physical methods, Chronic Pain Treatment Guidelines Trigger point injections, page 122.

Decision rationale: Per the ACOEM guidelines: "Trigger finger, if significantly symptomatic, is probably best treated with a cortisone/anesthetic injection at first encounter, with hand surgery referral if symptoms persist after two injections by the primary care or occupational medicine provider." In addition per the MTUS Chronic Pain Guidelines regarding Trigger point injections state, "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain." Criteria for the use of Trigger point injections: "(1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement." Patient had right thumb trigger injection on 9/9/14; right thumb and elbow injection on 2/23/15; right thumb injection on 3/23/2015. Evidence of a greater than 50% pain relief for six weeks after previous injection with documented evidence of functional improvement is not specified in the records provided. A documentation of failure of previous conservative therapy including physical therapy / acupuncture and pharmacotherapy is not specified in the records provided. The medical necessity of Kenalog 10 mg and Lidocaine is not fully established for this patient. Therefore, the request is not medically necessary.