

<b>Case Number:</b>	CM15-0148050		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	02/07/2013
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 injured worker is a 55 year old female, who sustained an industrial injury on February 7, 2013. Several documents within the submitted medical records are difficult to decipher. The injured worker was diagnosed as having left lunate contusion and left cubital tunnel. Treatment to date has included brace and medication. A progress note dated July 2, 2015 provides the injured worker complains of left hand pain. Physical exam notes tenderness to palpation and the use of a brace. The plan includes injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Hand Cortisone Injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hand, Corticosteroid Injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Injections.

**Decision rationale:** Pursuant to the Official Disability Guidelines, left-hand cortisone injection is not medically necessary. Injections are recommended for trigger finger and for DeQuervain's tenosynovitis. See the guidelines for additional details. In this case, the injured workers working diagnoses are left lunate contusion; mild left cubital tunnel syndrome; and Balfour, possible CTR. Date of injury is February 7, 2013. Request for authorization is July 10, 2015. According to a handwritten, largely illegible progress note dated July 2, 2015, subjectively the injured worker has pain in the left and wears a brace. Current medications include naproxen. The objective findings are illegible. The treatment plan includes an injection to the left dorsal wrist. Cortisone injections are not indicated for contusions. There is no documentation of trigger finger or DeQuervain's tenosynovitis. Consequently, absent guideline recommendations for cortisone injections, left-hand cortisone injection is not medically necessary.