

Case Number:	CM15-0191117		
Date Assigned:	10/05/2015	Date of Injury:	02/10/2006
Decision Date:	11/10/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/29/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 63 year old female who sustained an industrial injury on February 10, 2015. A recent orthopedic specialty visit dated August 27, 2015 reported present subjective complaints of: "pain in left wrist is improving," "swelling of the left elbow improving," "stiffness in the right ring finger remains the same," "right long finger is getting worse," "right hand feels tight," "stiffness of left little finger," "weakness of right thumb remains the same," and "numbness and tingling in the right second and third fingers." The worker has a surgical history of: 2006 right carpal tunnel release and first dorsal compartment release; 2009 left cubital tunnel release; 2011 left carpal tunnel release. Current medications noted at initial orthopedic evaluation dated February 12, 2015 reported current medication: Celecoxib. Primary follow up dated May 26, 2010 reported current medication regimen consisting of: Meloxicam, Voltaren gel, Lyrica, and Propoxyphene and Acetaminophen. Previous treatment to include: activity modification, topical analgesia, pain medications, exercise and stretching, physical therapy session, and surgical interventions. Primary follow up dated December 09, 2011 reported "the cold weather bothering her left palm with mild pain over the volar aspect of the left wrist." "She also has some triggering of the left longus today." She wonders if she needs another injection. The patient will "probably need an injection in the painful left long finger if she still has significant triggering there." At primary follow up dated January 13, 2012 there is note of the patient "wonders if the injection at the left fourth trigger finger had something to do with the fibromatosis." On September 01, 2015 a request was made to administer a cortisone

injection right first dorsal compartment that was noted noncertified by Utilization Review on September 09, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection- First Dorsal Compartment, Right: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

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, & Hand (Acute & Chronic), Injection.

Decision rationale: The claimant sustained a cumulative trauma injury to the upper extremities with date of injury in February 2006 and underwent a right first dorsal compartment release. She was seen on 08/27/15. She had right hand and finger stiffness and tightness. Physical examination findings included positive Finkelstein testing and there was increased pain over the right first dorsal compartment. Surgery was being considered. Authorization for a cortisone injection is being requested. Corticosteroid injection without splinting is the preferred initial treatment for deQuervain's tenosynovitis. Compared with nonsteroidal anti-inflammatory drugs, splinting, or combination therapy, corticosteroid injections offer the highest cure rate. In most patients, symptoms resolve after a single injection. In this case, the claimant has findings consistent with this diagnosis. The injection being requested would be both diagnostic and potentially therapeutic. The requested injection is medically necessary.