

<b>Case Number:</b>	CM15-0194545		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	11/13/2014
<b>Decision Date:</b>	12/17/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2015

### 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: Virginia

Certification(s)/Specialty: Neurology

### 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 39-year-old male, with a reported date of injury of 11-13-2014. The diagnoses include finger flexor tenosynovitis, stenosing tenosynovitis of the left index, long, ring, and small fingers, and left hand contusion. Treatments and evaluation to date have included Vicodin, Norco, Ibuprofen, Meloxicam, and physical therapy. The diagnostic studies to date have not been included in the medical records provided. The medical report dated 09-17-2015 indicates that the injured worker underwent steroid injection on 08-06-2015 and returned for re- evaluation. The injured worker stated that he continued to have constant pain, which was rated 6 out of 10. The pain was increased with movement, and made better with rest. The injured worker stated that Ibuprofen did not help with his symptoms. The physical examination showed normal muscle tone to the extrinsic and intrinsic muscles in the upper extremities; no evidence of a resting tremor or an intention tremor; normal deep tendon reflex to both upper extremities; inability to make a full composite fist of the left hand; tenderness to palpation at the regional proximal to the metacarpophalangeal joint of the index, long, ring, and small fingers; no evidence of crepitus with range of motion of the left hand; and no current evidence of triggering. It was noted that an MRI of the left upper extremity on 12-06-2014 showed a possible contusion. The treatment plan included a second round of steroid injections to the index, long, ring, and small fingers due to subjective complaints of pain. The request for authorization was dated 09- 17-2015. The treating physician requested steroid injection to the left index finger tendon sheath, left long finger tendon sheath, left ring finger tendon sheath, and left small finger tendon sheath. On 09-24-2015, Utilization Review (UR) non-certified the request for steroid injection to the left index finger tendon sheath, left long finger tendon sheath, left ring finger tendon sheath, and left small finger tendon sheath.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Steroid Injection to the Left Index Tendon Sheath: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, and Hand, Injection, Trigger Finger.

**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 Chapter (updated 06/29/2015) Injection.

**Decision rationale:** The Official Disability Guidelines recommend steroid injections for treatment for trigger finger and for de Quervain's tenosynovitis as the best therapeutic approach for treatment. In most patients, symptoms resolved after a single injection. According to the guidelines, there is very good evidence strongly supporting the use of local corticosteroid injections in the affected finger. One or two injections of lidocaine and corticosteroids into or near the thickened area of the flexor tendon sheath of the affected finger is almost always sufficient to cure the symptoms and restore function. The effects of the treatment with steroid injections last up to 12 months. In the case of the injured worker, there is documentation in a clinical note dated 9/17/2015 diagnosing the patient with stenosing tenosynovitis. It is not clear from the documentation that the injured worker carries a diagnosis of either trigger finger or de Quervain's tenosynovitis. Also the documentation is that he injured worker originally received an injection on 06 August, 2015. Clinical documentation on 9/17/20/15 states that the patient still has 6/10 pain worse with activity of his hand with a normal neurologic exam. There is no documentation that the injection therapy given just one month prior has demonstrated any specific clinical effectiveness for pain relief. Therefore, according to the guidelines, and a review of the evidence, treatment with steroid injections to the left index finger tendon sheath is not medically necessary.

### **Steroid Injection to the Left Long Finger Tendon Sheath: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, and Hand, Injection, Trigger Finger.

**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 Chapter (updated 6/29/2015) Injection.

**Decision rationale:** Official Disability Guidelines recommend steroid injections for treatment for trigger finger and for de Quervain's tenosynovitis as the best therapeutic approach for

treatment. In most patients, symptoms resolved after a single injection. According to the guidelines, there is very good evidence strongly supporting the use of local corticosteroid injections in the affected finger. One or two injections of lidocaine and corticosteroids into or near the thickened area of the flexor tendon sheath of the affected finger is almost always sufficient to cure the symptoms and restore function. The effects of the treatment with steroid injections last up to 12 months. In the case of the injured worker, there is documentation in a clinical note dated 9/17/2015 diagnosing the patient with stenosing tenosynovitis. It is not clear from the documentation that the injured worker carries a diagnosis of either trigger finger or de Quervain's tenosynovitis. Also the documentation states that the injured worker originally received an injection on 06 August, 2015. Clinical documentation on 9/17/20/15 states that the patient still has 6/10 pain, worse with activity of his hand with a normal neurologic exam. There is no documentation that the injection therapy given just one month prior has demonstrated any specific clinical effectiveness for pain relief. Therefore, according to the guidelines, and a review of the evidence, treatment with steroid injections to the left long finger tendon sheath is not medically necessary.

### **Steroid Injection to the Left Ring Finger Tendon Sheath: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, and Hand, Injection, Trigger Finger.

**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 Chapter (updated 06/29/2015) Injections.

**Decision rationale:** Official Disability Guidelines recommend steroid injections for treatment for trigger finger and for de Quervain's tenosynovitis as the best therapeutic approach for treatment. In most patients, symptoms resolved after a single injection. According to the guidelines, there is very good evidence strongly supporting the use of local corticosteroid injections in the affected finger. One or two injections of lidocaine and corticosteroids into or near the thickened area of the flexor tendon sheath of the affected finger is almost always sufficient to cure the symptoms and restore function. The effects of the treatment with steroid injections last up to 12 months. In the case of the injured worker, there is documentation in a clinical note dated 9/17/2015 diagnosing the patient with stenosing tenosynovitis. It is not clear from the documentation that the injured worker carries a diagnosis of either trigger finger or de Quervain's tenosynovitis. Also the documentation states that the injured worker originally received an injection on 06 August, 2015. Clinical documentation on 9/17/20/15 states that the patient still has 6/10 pain, worse with activity of his hand with a normal neurologic exam. There is no documentation that the injection therapy given just one month prior has demonstrated any specific clinical effectiveness for pain relief. Therefore, according to the guidelines, and a review of the evidence, treatment with steroid injections to the left ring finger tendon sheath is not medically necessary.

### **Steroid Injection to the Left Small Finger Tendon Sheath: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, and Hand, Injection, Trigger Finger.

**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 Chapter (updated 06/29/2015) Injections.

**Decision rationale:** Official Disability Guidelines recommend steroid injections for treatment for trigger finger and for de Quervain's tenosynovitis as the best therapeutic approach for treatment. In most patients, symptoms resolved after a single injection. According to the guidelines, there is very good evidence strongly supporting the use of local corticosteroid injections in the affected finger. One or two injections of lidocaine and corticosteroids into or near the thickened area of the flexor tendon sheath of the affected finger is almost always sufficient to cure the symptoms and restore function. The effects of the treatment with steroid injections last up to 12 months. In the case of the injured worker, there is documentation in a clinical note dated 9/17/2015 diagnosing the patient with stenosing tenosynovitis. It is not clear from the documentation that the injured worker carries a diagnosis of either trigger finger or de Quervain's tenosynovitis. Also the documentation states that the injured worker originally received an injection on 06 August, 2015. Clinical documentation on 9/17/20/15 states that the patient still has 6/10 pain, worse with activity of his hand with a normal neurologic exam. There is no documentation that the injection therapy given just one month prior has demonstrated any specific clinical effectiveness for pain relief. Therefore, according to the guidelines, and a review of the evidence, treatment with steroid injections to the left small finger tendon sheath is not medically necessary.