

Case Number:	CM15-0197100		
Date Assigned:	10/12/2015	Date of Injury:	04/27/2002
Decision Date:	11/19/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/06/2015

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: Utah, Arkansas
 Certification(s)/Specialty: Family Practice, Sports 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 56 year old female, who sustained an industrial injury on 4-27-02. The injured worker is being treated for bilateral thumbs carpometacarpal degenerative joint disease. Treatment to date has included Naprosyn, 2 left wrist surgeries, splints, medications and physical therapy, left carpal tunnel release and trigger point injections. On 9-15-15, the injured worker complained of ongoing pain at bases of hands, thumbs and wrists with radiating symptoms up along thumb and lateral forearm distally and proximally rated 7-8 out of 10 and on 9-23-15, the injured worker complains of ongoing bilateral thumb pain and right sided wrist pain. Work status is retired, but if she were working, it would be limited duties. Physical exam performed on 9-23-15 revealed tenderness to palpation of bilateral thumbs carpometacarpal and decreased range of motion. On 9-23-15 request for authorization was submitted for right and left thumb diagnostic cortisone injections. On 9-30-15 request for right and left thumb diagnostic cortisone injections was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic and ultrasound guided cortisone injection for right thumb: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Forearm, Wrist & Hand (Acute & Chronic) (updated 06/29/15).

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for ultrasound-guided injections into the right thumb. MTUS guidelines state the following: Most invasive techniques, such as injections, and insufficient high-quality evidence to support their use, with the exception of injections into the tendon sheath or carpal tunnel. The clinical documents state that the patient was diagnosed with osteoarthritis, and unspecified myalgia and myositis. There is lack of documentation of what conservative treatment was attempted previously. According to the clinical documentation provided and current MTUS guidelines; bilateral ultrasound guided injections into the thumbs is not medically necessary to the patient at this time.

Diagnostic and ultrasound guided cortisone injection for left thumb: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Forearm, Wrist & Hand (Acute & Chronic) (updated 06/29/15).

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for ultrasound-guided injections into the left thumb. MTUS guidelines state the following: Most invasive techniques, such as injections, and insufficient high-quality evidence to support their use, with the exception of injections into the tendon sheath or carpal tunnel. The clinical documents state that the patient was diagnosed with osteoarthritis, and unspecified myalgia and myositis. There is lack of documentation of what conservative treatment was attempted previously. According to the clinical documentation provided and current MTUS guidelines; bilateral ultrasound guided injections into the thumbs is not medically necessary to the patient at this time.