Case Number:	CM15-0201609		
Date Assigned:	10/16/2015	**Date of Injury:**	12/02/2013
Decision Date:	12/08/2015	**UR Denial Date:**	09/30/2015
Priority:	Standard	**Application Received:**	10/13/2015

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:

The injured worker is a 64 year old male who sustained an industrial injury 12-02-13. A review of the medical records reveals the injured worker is undergoing treatment for bilateral carpal tunnel syndrome, lesion of ulnar nerve bilaterally at the elbow; pain the upper extremities, and stenosing flexor tenosynovitis left thumb and left index finger. Medical records (09-11-15) reveal the injured worker complains of burning and numbness in the bilateral thumbs, index, long, ring and ring fingers, as well as the right little finger; pain in the bilateral dorsal proximal and distal forearms, left index and thumb triggering, and lumbar spine pain. The left index and thumb triggering are rated at 7/10 with use, and 2/10 at rest. The physical exam (09-11-15) reveals normal muscle tone to the extrinsic and intrinsic muscles in the upper extremities, as well as weakness in the left arm as compared to the right per dynamometer. The injured worker continues to demonstrate radiculopathy in the bilateral forearms with cervical motion. Prior treatment includes bilateral carpal tunnel release, splints, Mobic, and Lyrica. The patient's surgical history included RTR in 2014.The patient had received an unspecified number of PT visits for this injury. The patient had NCV of bilateral upper extremities that revealed CTS on 11/25/13; X-ray of bilateral wrist on 12/20/13 that revealed osteoarthritis.

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 thumb flexor sheath Celestone 3mg once a week for seven weeks, application of finger splint 2" Ace Wrap: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Chapter Forearm, Wrist, & Hand (updated 06/29/15) Corticosteroid injections Intralesional steroid injections.

Decision rationale: MTUS guideline does not specifically address this issue, therefore ODG was used. As per the cited guideline Intralesional steroid injections: Recommended for hypertrophic scars and keloids. Intralesional steroid (usually triamcinolone acetonide) is commonly used, and the literature contains much information about its use in scars. Indications for intralesional corticosteroid therapy are scars, acute and chronic inflammatory processes, hyperplastic and hypertrophic skin disorders, and conditions that typically have a favorable response to systemic and topical corticosteroids. As per cited guideline, Injection: Recommended for Trigger finger and for de Quervain's tenosynovitis as indicated below. Trigger finger: There is good evidence strongly supporting the use of local corticosteroid injections in the trigger finger. One or two injections of lidocaine and corticosteroids into or near the thickened area of the flexor tendon sheath of the affected finger are almost always sufficient to cure symptoms and restore function. The treatment of trigger fingers with a local injection of steroids is a simple and safe procedure but the risk of recurrence in the first year is considerable. As per the cited guideline, one or two injections of lidocaine and corticosteroids into or near the thickened area of the flexor tendon sheath of the affected finger are almost always sufficient to cure symptoms and restore function. The detailed rationale for the request for a steroid Injection to the left thumb flexor sheath Celestone 3mg once a week FOR A PERIOD OF SEVEN WEEKS, was not specified in the records specified. The patient has received an unspecified number of PT visits for this injury. The detailed response to previous conservative therapy was not specified in the records provided. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for Steroid Injection to the left thumb flexor sheath Celestone 3mg once a week for seven weeks, is not fully established for this patient.

Steroid Injection to the left index finger Flexor Sheath Celestone 3mg, once a week for seven weeks, splint application of finger splint 2" Ace Wrap: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Chapter Forearm, Wrist, & Hand (updated 06/29/15) Corticosteroid injections Intralesional steroid injections.

Decision rationale: MTUS guideline does not specifically address this issue. therefore ODG was used. As per the cited guideline "Intralesional steroid injections: Recommended for

hypertrophic scars and keloids. Intralesional steroid (usually triamcinolone acetonide) is commonly used, and the literature contains much information about its use in scars. Indications for intralesional corticosteroid therapy are scars, acute and chronic inflammatory processes, hyperplastic and hypertrophic skin disorders, and conditions that typically have a favorable response to systemic and topical corticosteroids. As per cited guideline, Injection: Recommended for Trigger finger and for de Quervain's tenosynovitis as indicated below..." The treatment of trigger fingers with a local injection of steroids is a simple and safe procedure but the risk of recurrence in the first year is considerable. Trigger finger: There is good evidence strongly supporting the use of local corticosteroid injections in the trigger finger. One or two injections of lidocaine and corticosteroids into or near the thickened area of the flexor tendon sheath of the affected finger are almost always sufficient to cure symptoms and restore function. As per the cited guideline, one or two injections of lidocaine and corticosteroids into or near the thickened area of the flexor tendon sheath of the affected finger are almost always sufficient to cure symptoms and restore function. The detailed rationale for the request of steroid Injection to the left index finger Flexor Sheath Celestone 3mg, once a week FOR A PERIOD OF SEVEN WEEKS , was not specified in the records specified. The patient has received an unspecified number of PT visits for this injury. A detailed response to previous conservative therapy was not specified in the records provided. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for Steroid Injection to the left index finger Flexor Sheath Celestone 3mg, once a week for seven weeks is not fully established for this patient.