

Case Number:	CM15-0222343		
Date Assigned:	11/18/2015	Date of Injury:	03/29/1986
Decision Date:	12/30/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/12/2015

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: North Carolina, Georgia
 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 54-year-old female, who sustained an industrial injury on 3-29-86. The injured worker was being treated for right elbow pain, cervical radiculopathy and right elbow lateral epicondylitis. On 10-21-15, the injured worker complains of right upper extremity pain rated 4 out of 10 with medications and 6 out of 10 without medications. She notes her quality of sleep is poor. She is currently working. Physical exam performed on 10-21-15 revealed tenderness to palpation over right elbow, restricted range of motion and healed incision; right wrist healed incision, and tenderness to palpation over radial side and 1st MCP joint, slightly decreased motor strength on right and patchy light touch sensation in distribution in upper extremity especially C6 distribution. Treatment to date has included oral medications including Ambien 10mg and Norco 10-325mg, and Amitriptyline; topical Lidoderm patch, surgery for right carpal tunnel syndrome, right lateral epicondylitis and right De Quervain's tenosynovitis; MCP joint injection (without indication of improved pain level or function); and activity modifications. On 10-27-15 request for authorization was submitted for right MCP injection. On 11-2-15 request for right MCP injection 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:

Right 1st MCP (metacarpophalangeal) injection: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist & Hand (Acute & Chronic) - Injection.

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

Decision rationale: Ca MTUS/ACOEM addresses use of steroid injection in the upper extremities. It allows for initial injections in cases of carpal tunnel syndrome and de Quervain's tenosynovitis but recommends against repeated injections. In this case, there has been a previous injection into the 1st MCP joint. The record does not document response to this injection. A repeated injection is not indicated by ACOEM criteria. Right 1st MCP joint injection is not medically necessary.