

<b>Case Number:</b>	CM15-0036546		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	01/27/2009
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 1/27/09. On 2/26/15, the injured worker submitted an application for IMR for review of Steroid injections to CMC, MCP and DIP joints (1 Xylocaine and 2 kenalog per injections for 3 total injections, and 4 follow up visits post injection. The treating provider has reported the injured worker complained of right hand thumb pain and injured worker indicates carpal tunnel syndrome is coming back. The diagnoses have included cellulitis; Dupuytren's; palmar fasciitis. Treatment to date has included right thumb steroid injection (10/22/14); right hand carpal tunnel injection; splint for carpal tunnel syndrome. Diagnostics include x-ray results avulsion fracture dorsal base of right thumb distal phalanx (2/8/10 and 3/10/09); status post right distal thumb infection with two surgeries including date 6/09 and right thumb IP joint removal of fragment (3/16/12). On 2/13/15 Utilization Review non-certified Steroid injections to CMC, MCP and DIP joints (1 Xylocaine and 2 kenalog per injections for 3 total injections, and 4 follow up visits post injection. The ACOEM and ODG Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Steroid injections to CMC, MCP and DIP joints (1 xylocaine and 2 kenalog per injections for 3 total injections): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official disability guidelines hand/wrist chapter regarding Injection pain chapter, under injections.

**Decision rationale:** This patient presents with right thumb pain that is centered on the three joints: distal interphalangeal joint, metacarpal phalangeal joint and carpal metacarpal joint. The current request is for STERIOD INJECTIONS TO CMC, MCP AND DIP JOINTS 1 XYLOCAINE AND KENALONG INJECITON FOR 2 TOTAL INJECTIONS. The Request for Authorization is dated 02/05/15. ACOEM guidelines page 265: "Most invasive techniques, such as needle acupuncture and injection procedures, have insufficient high quality evidence to support their use. The exception is corticosteroid injection about the tendon sheaths or, possibly, the carpal tunnel in cases resistant to conservative therapy for 8 to 12 weeks. ODG guidelines have the following under the hand/wrist chapter regarding Injection, Recommended for Trigger finger and for de Quervain's tenosynovitis as indicated below. de Quervain's tenosynovitis: Injection alone is the best therapeutic approach. Trigger finger: There is good evidence strongly supporting the use of local corticosteroid injections in the trigger finger. ODG guidelines under the pain chapter, under injections states: Pain injections general: Consistent with the intent of relieving pain, improving function, decreasing medications, and encouraging return to work, repeat pain and other injections not otherwise specified in a particular section in ODG, should at a very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain medications, improved function, and/or return to work. This patient suffers from carpal tunnel syndrome and chronic pain in the right thumb. The treating physician states that the patient has had pain relief from prior injection from 10/22/14. In this case, the treating physician has failed to document at least 50% pain decrease, improved function, medication reduction or return to work status with prior injection. Given such, recommendation cannot be made for a repeat injection. This request IS NOT medically necessary.

**4 follow up visits post injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** This patient presents with right thumb pain that is centered on the three joints: distal interphalangeal joint, metacarpal phalangeal joint and carpal metacarpal joint. The current request is for 4 FOLLOW UP VISITS POST INJECTION. The ACOEM Guidelines, chapter 12, low back, page 303, has the following regarding follow-up visits, "Patients with

potentially work-related low back complaints should have follow-up every 3 to 5 days by mid-level practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns". In this case, the current request is specific to follow up visits "post injection". Given that the injections are not supported, the requested post injection follow up visits are not indicated. This request IS NOT medically necessary.