

Case Number:	CM15-0041244		
Date Assigned:	03/11/2015	Date of Injury:	12/23/2004
Decision Date:	04/14/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/04/2015

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: Arizona, 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 45 year old male, who sustained an industrial injury on December 23, 2004. He has reported bilateral elbow pain, bilateral wrist pain, and bilateral and pain with finger numbness. Diagnoses have included bursitis, carpal tunnel syndrome, and cubital tunnel syndrome. Treatment to date has included medications, carpal tunnel release, cubital tunnel release, injections, bracing and physical therapy. A progress note dated January 28, 2015 indicates a chief complaint of catching of the left middle finger and catching and locking of the left ring finger. The treating physician documented a plan of care that included a steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection to the left middle finger: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264. Decision based on Non-MTUS Citation ODG and hand and injections pg 23.

Decision rationale: According to the guidelines, injections are recommended for trigger finger and DeQuervain's tenosynovitis. In this case, the claimant did have a trigger middle finger. However the claimant has received injections since 2008 (unknown amount). Repeated injections are not recommended and therefore the request is not medically necessary.