

<b>Case Number:</b>	CM15-0041594		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	02/22/2013
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California

Certification(s)/Specialty: Internal 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 65-year-old male with an industrial injury dated February 22, 2013. The injured worker diagnoses include right index finger proximal phalanx fracture status post open reduction internal fixation (ORIF), right index finger post traumatic stiffness status post soft tissue release at the level of proximal interphalangeal joint with residual, right wrist carpal tunnel syndrome status post carpal tunnel release, right small finger trigger digit status post a trigger digit release, and right elbow suspected cubital tunnel syndrome (mild). He has been treated with diagnostic studies, home exercise therapy and periodic follow up visits. According to the progress note dated 1/19/2015, the injured worker reported continuous right hand pain and pain in the right index finger. The injured worker also reported numbness in his ring and small fingers of his right hand. X- Ray of the right wrist/hand performed on 1/19/2105 revealed healed proximal phalanx of the finger with cystic degenerative changes noted. Treatment plan consists of diagnostic studies, splinting and injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Corticosteroid Injection for the Right Finger:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Forearm, Wrist & Hand, Injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic) Corticosteroid injections, Injection.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses corticosteroid injections. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 11 Forearm, Wrist, and Hand Complaints indicates that most invasive techniques, such as needle acupuncture and injection procedures, have insufficient high quality evidence to support their use. Repeated or frequent injection of corticosteroids into carpal tunnel, tendon sheaths, ganglia, et cetera is not recommended. Official Disability Guidelines (ODG) indicates that corticosteroid injections are recommended for trigger finger and for de Quervain's tenosynovitis. The orthopedic surgeon's report dated January 19, 2015 documented that the orthopedic surgeon recommended no further intervention regarding the right index finger. No corticosteroid injection of the finger was requested in the orthopedic report. The 1/19/15 orthopedic surgeon's report does not request or support the medical necessity of corticosteroid injection of the finger. Therefore, the request for corticosteroid injection for the right finger is not medically necessary.