

Case Number:	CM15-0044005		
Date Assigned:	03/13/2015	Date of Injury:	01/27/2011
Decision Date:	04/16/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/09/2015

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, Pain Management

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 female who sustained an industrial injury on 1/12/11 the result of cumulative trauma occurring in the course of her employment as a paralegal requiring computer work, writing, filing and handling files. She currently complains of slight to moderate right upper extremity pain and low back pain with decreased range of motion. Her activities of daily living are limited. Of note the injured worker was involved in a motor vehicle accident in 1970 and in 2005 where she sustained neck and back pain. Medications include Ultram, Soma, Flexeril and Ambien. Diagnoses include status post right shoulder arthroscopy with subacromial decompression, debridement and synovectomy (7/17/13); status post carpal tunnel release, endoscopic (6/5/12); status post arthroplasty, interpositional metacarpocarpal joint, right thumb (6/5/12); status post release of first dorsal compartment (de Quervain's disease (6/5/12)); grade 1 degenerative spondylolisthesis, L4 on L5; discogenic syndrome of cervical and lumbar areas; disease of median peripheral nerves and depression. Diagnostics include x-rays of cervical and lumbosacral spine, right shoulder, pelvis. In the progress note dated 1/26/15 the treating provider recommends ultrasound guided injection with Marcaine, Lidocaine, Kenalog for right trigger finger.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided injections (Marcaine, Lidocaine, Kenalog), RT finger: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/19470813>.

Decision rationale: Regarding the request for ultrasound guided injections, ACOEM guidelines state that one or 2 injections of lidocaine and corticosteroid into or near the thickened area of the flexor tendon sheath of the affected finger is almost always sufficient to cure trigger finger symptoms and restore function. Studies support the use of ultrasound guided injections for trigger finger diagnoses. The previous utilization review and modify the request to recommend certification for one injection. Unfortunately, there is no provision to modify the current request for "ultrasound guided injections." Since the current requested does not include a quantity, it is essentially an open-ended request. Guidelines do not support the open-ended application of steroid injections for the treatment of any disorder. As such, the currently requested Ultrasound guided injections (Marcaine, Lidocaine, Kenalog), RT finger are not medically necessary.