

Case Number:	CM15-0056104		
Date Assigned:	04/01/2015	Date of Injury:	06/03/2010
Decision Date:	05/05/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/24/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 68 year old male, who sustained an industrial injury on 06/03/2010. He has reported subsequent wrist and left hand pain and was diagnosed with left hand ring and small trigger fingers and carpal tunnel syndrome. Treatment to date has included oral pain medication, corticosteroid injections and surgery. In a progress note dated 02/05/2015, the injured worker complained of new onset of triggering at the left ring and small finger. Objective findings were notable for mildly decreased range of motion of the left hand, reproducible triggering, palpable nodules at the flexor tendons and tenderness to palpation at the A-1 pulley of the left ring and small fingers. The physician noted that the injured worker had a very poor response to previous corticosteroid injections and that he did not believe that corticosteroid injections would be indicated. A request for authorization of cortisone injection using ultrasound guidance was made on 03/03/2015 without any accompanying medical documentation to justify the reason for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone Steroid Injection using ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines- wrist, injection.

Decision rationale: The medical records provided for review do not document the presence of at least 3 positive physical examination findings supportive of joint dysfunction and does not document the failure of at least 4-6 weeks of conservative treatment including PT or home exercises. ODG supports joint block with: 1. The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above). 2. Diagnostic evaluation must first address any other possible pain generators. 3. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. As such the medical records provided for review do not support medical treatment of joint injection. Therefore is not medically necessary.