

Case Number:	CM15-0060856		
Date Assigned:	04/07/2015	Date of Injury:	04/05/1996
Decision Date:	05/06/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/31/2015

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: North Carolina, Georgia
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 61-year-old female, who sustained an industrial injury on 04/05/1996. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having bilateral thumb basilar joint arthritis, right de Quervain's tenosynovitis, left trigger thumb, status post left subcutaneous and right submuscular ulnar nerve transposition, and status post left shoulder subacromial decompression and de Quervain's release. Treatment to date has included medication regimen, laboratory studies, and intermittent stretches. In a progress note dated 02/23/2015 the treating physician reports pain to the bilateral thumbs, pain to the left thumb base, achy bilateral hands that radiates to the index finger and ring fingers bilaterally. The treating physician requested cortisone injections to the bilateral hand times two and injections to the bilateral thumb basilar joints times two, but the documentation provided did not indicate the specific reason for the requested treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 injections to the bilateral thumb basilar joints: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-265.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Hand, Wrist, Injection.

Decision rationale: ACOEM states that injections of trigger finger, de Quervain's tenosynovitis and carpal tunnel syndrome may be indicated for management of these conditions. ODG states that steroid injections are the preferred method of treatment for de Quervain's tenosynovitis and trigger finger, citing data that one or two injections typically provides resolution of the symptoms. In this case, the claimant has had multiple injections with varying levels of success and repeated recurrences of the symptoms. Further steroid injections are not medically necessary.

2 cortisone injections to the bilateral hands: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-265.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-165. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Hand, Wrist, Injections.

Decision rationale: ACOEM states that injections of trigger finger, de Quervain's tenosynovitis and carpal tunnel syndrome may be indicated for management of these conditions. ODG states that steroid injections are the preferred method of treatment for de Quervain's tenosynovitis and trigger finger, citing data that one or two injections typically provides resolution of the symptoms. In this case, the claimant has had multiple injections with varying levels of success and repeated recurrences of the symptoms. Further steroid injections are not medically indicated.