

Case Number:	CM14-0142419		
Date Assigned:	09/10/2014	Date of Injury:	07/08/1993
Decision Date:	10/10/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant was injured on 07/08/93. A right thumb trigger finger corticosteroid injection under ultrasound guidance is under review. The request was modified to a trigger finger injection without ultrasound. The claimant has diagnoses of right shoulder impingement, cervical sprain, and trigger finger of the right thumb. She is status post right carpal tunnel release in October 2012 and right knee arthroscopic surgery in August 2007. She complained on 07/22/14 to [REDACTED] of right thumb pain with triggering that increases with gripping and grasping. She had right thumb pain and tenderness at the TFCC. She saw [REDACTED] on 09/05/14 and the injection was recommended. She is status post left long finger scan or scar revision on 08/07/14 and stated the triggering was getting worse. She had increased pain. She was using a thumb brace. She had completed postop PT for her left long finger. Trigger finger was noted at the right thumb.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Thumb Trigger Finger Injection under Ultrasound Guidance: 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 and Hand (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Forearm, Wrist, and Hand - Injections (Trigger Finger)

Decision rationale: The history and documentation do not objectively support the request for a right thumb trigger finger injection under ultrasound guidance. The MTUS do not address this type of injection and the ODG state "trigger finger: There is good evidence strongly supporting the use of local corticosteroid injections in the trigger finger. One or two injections of lidocaine and corticosteroids into or near the thickened area of the flexor tendon sheath of the affected finger are almost always sufficient to cure symptoms and restore function. Steroid injection in the flexor sheath at the level of the A1 pulley is an effective method of treating patients with trigger finger and should be considered as the preferred treatment. This RCT concluded that local injection with triamcinolonacetonide is effective and safe for treating trigger finger as compared to placebo injection." The ODG do not support the use of ultrasound for this type of injection. The specific indication to do the injection under ultrasound has not been described in the records and none can be ascertained. There is no evidence of outlier status and no indication that past injections have been unsuccessful or difficult for some reason. The medical necessity of this request for right thumb trigger finger injection under ultrasound guidance has not been demonstrated; therefore, the request is not medically necessary.