

Case Number:	CM14-0181718		
Date Assigned:	11/06/2014	Date of Injury:	08/15/2010
Decision Date:	12/09/2014	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	10/31/2014

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 Physical Medicine and Rehabilitation 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:

This 45 year-old patient sustained a cumulative trauma injury on 8/15/10 from mopping, cleaning, fueling and washing vehicles while employed by [REDACTED]. Request(s) under consideration include Cortisone Injection right middle finger and X-rays right hand. Diagnoses include cervical herniated disc; Lumbar L4-5 disc protrusion; s/p left shoulder arthroscopy and carpal tunnel release. Hand-written brief somewhat illegible report of 4/10/14 from the provider noted the patient with ongoing neck pain radiating to upper extremities with associated numbness and tingling; back pain radiating to legs with numbness and tingling. Exam noted "tenderness, spasticity, decreased ROM of L-spine, C-spine"; no other exam findings documented. Treatment for trigger point injection; right long finger injection with patient remained off work. Hand-written brief somewhat illegible report of 10/20/14 from the provider noted the patient with ongoing chronic neck pain radiating into the arms; left shoulder pain; blurred vision; and low back pain. Exam of the cervical spine showed spasm, tenderness, and decreased range; low back with tenderness; left shoulder with decreased range of motion; and wrists tenderness. Treatment include right hand x-rays and middle finger injection; patient remained off work. The request(s) for Cortisone Injection right middle finger and X-rays right hand non-certified on 10/29/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone Injection right middle finger: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

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

Decision rationale: Per Guidelines, corticosteroid injections may produce short-term pain relief; however, in the long-term, they are less effective in providing pain relief and benefit with high recurrence rates when compared to physical therapy in a functional restoration approach. In addition, cortisone injections have some risks of tendon fraying and even rupture which may not be appropriate in certain patient. Corticosteroid injections may be recommended for diagnoses of de Quervain's tenosynovitis, Trigger finger, and in mild to moderate cases of CTS after failed treatment trial of splinting and medications; however, this has not been clearly demonstrated here. Corticosteroid injections are not recommended for all chronic hand, wrist and forearm disorders and repeated or frequent injections have not shown evidenced-based efficacy. Submitted reports have not adequately demonstrated the indication or necessity to support for this request. The Cortisone Injection right middle finger is not medically necessary and appropriate.

X-rays right hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

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

Decision rationale: According to guidelines, criteria for ordering imaging x-ray studies such include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the imaging study. For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of failed conservative care and observation as most patients improve quickly, provided red flag conditions are ruled out. Radiographic films may show a fracture with stress views may show laxity indicating ligamentous derangement; however, guidelines criteria have not been established. Submitted reports have not demonstrated specific symptom complaints, remarkable clinical findings, or failed conservative trial with acute red-flag conditions to support for the imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The X-rays right hand is not medically necessary and appropriate.

