

Case Number:	CM14-0208171		
Date Assigned:	12/22/2014	Date of Injury:	02/01/2007
Decision Date:	02/18/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 patient is a 58-year-old right hand dominant woman who sustained a work related injury on February 1, 2007. Subsequently, she developed right wrist pain. The patient underwent right CMC trapeziectomy and arthroplasty with ligament reconstruction and tendon interposition as well as an endoscopic carpal tunnel release in May 2008. Subsequently, she has experienced neuropathic pain in her right hand and wrist, particularly in the radial and median nerve distributions. She has retained fragments in the CMC joint space, which have been eventually removed. Since then, the pain associated with motion of the joint has improved, but she does experience burning pain over the dorsal and ventral aspects of her thumb as well as her index finger in the superficial radial distribution. She also experienced color changes in the area as well as pain in the ventral aspect of her hand, which was in the median nerve, palmar branch, distribution. She had tried multiple treatment modalities, including physical therapy, desensitization modalities, passive therapies, multiple injections (including stellate ganglion blocks), and multiple interventions to the right palmar cutaneous branch of the median nerve and the superficial radial nerve on the right, including pulse radiofrequency neuromodulation and nerve blocks on at least 5 occasions. On September 18, 2014, the patient underwent a Botx injection to the right dorsal thumb scar and a left CMC joint injection with steroid and local, with 80% relief of the left thumb pain, but only 50% improvement of the right dorsal thumb pain. According to the follow-up report dated September 30, 2014, the patient reported improvement of her left thumb and nearly resolved pain at the area. The right hand, she believed, was moderately improved but still retained some aspects of allodynia and required that she wear a glove to help

"protect the hand". she rated the level of pain at that area as a 7/10 at rest and 9/10 with light touch. Objective findings included: allodynia to blowing air over the right dorsal thumb surface, tenderness to light touch of the right hand, discoloration of the area in between the 1st and 2nd digits, bruising over the injection site, mild tenderness over the left CMC joint with no erythema or calor, no joint swelling. The patient was diagnosed with right hand complex regional pain syndrome and left-sided wrist and thumb pain secondary to overuse. The provider requested authorization for OSC intra-articular joint injection to right side.

IMR ISSUES, DECISIONS AND RATIONALES

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

OSC intra-articular joint injection to right side: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

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

Decision rationale: According to MTUS guidelines, hand intra articular injection is recommended: <injection of corticosteroids into carpal tunnel in mild to moderate cases of CTS after trial of splinting and medication, in case of DeQuervain's syndrome, tenosynovitis or trigger finger>. There is no strong evidence supporting the above indications. There is no documentation that the patient developed one the conditions mentioned above. Therefore, the request is not medically necessary.