

Case Number:	CM14-0211552		
Date Assigned:	12/24/2014	Date of Injury:	07/27/2011
Decision Date:	02/20/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/17/2014

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: California, Florida, Texas
 Certification(s)/Specialty: Internal Medicine, Occupational 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:

According to the records made available for review, this is a 47-year-old female with a 7/27/11 date of injury, and status post medial epicondylectomy left elbow/left carpal tunnel release 3/15/12, and status post right carpal tunnel release on 11/29/12. At the time (11/5/14) of request for authorization for Cortisone Injection to Right Thumb A1 Tunnel Tendon Sheath, there is documentation of subjective (right thumb starting to click again) and objective (right thumb mild tenderness to palpation over thenar eminence and mild clicking) findings, current diagnoses (bilateral moderate compression of median nerve of carpal tunnel, left mild compression cubital tunnel left elbow, status post left cubital tunnel decompression, status post right wrist carpal tunnel release, and bilateral upper extremity neuropraxic with electrical current injury), and treatment to date (previous cortisone injection to right thumb for trigger finger on 7/29/14, wrist brace with thumb spica, physical therapy, home exercise program, and medications (including Norco and Motrin)).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection to right thumb A1 tunnel tendon sheath: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: MTUS reference to ACOEM guidelines support one or two injections of lidocaine and corticosteroids into or near the thickened area of the flexor tendon sheath of the affected finger for the management of trigger finger. Within the medical information available for review, there is documentation of diagnoses of bilateral moderate compression of median nerve of carpal tunnel, left mild compression cubital tunnel left elbow, status post left cubital tunnel decompression, status post right wrist carpal tunnel release, and bilateral upper extremity neuropraxic with electrical current injury. In addition, given documentation of subjective (right thumb starting to click again) and objective (right thumb mild tenderness to palpation over thenar eminence and mild clicking) findings and a previous cortisone injection for right thumb for trigger finger, there is documentation of cortisone injection for the management of trigger finger. Therefore, based on guidelines and a review of the evidence, the request for cortisone injection to right thumb A1 tunnel tendon sheath is medically necessary.