

Case Number:	CM15-0016850		
Date Assigned:	02/05/2015	Date of Injury:	07/06/2006
Decision Date:	03/30/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/29/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 67-year-old male who reported an injury on 03/01/2007. The mechanism of injury was not stated. The current diagnoses include left lateral epicondylitis, left mild carpal tunnel syndrome, left long trigger finger, left cubital tunnel syndrome, and chronic left bicep rupture. The injured worker presented on 11/14/2014 for a followup evaluation. It is noted that the injured worker reported diminished size in the left long finger following a recent injection. The injured worker noted numbness at night and pain with radiation to the proximal elbow. The current medication regimen included a capsaicin cream, Celebrex 50 mg, glucosamine chondroitin, Tylenol extra strength 500 mg, and Voltaren 1% gel. Upon examination, there was tenderness to palpation with swelling of the common extensor origin. Wrist extension against resistance was painful. Recommendations included an injection into the common extensor origin using 3 cc of 1% lidocaine and 6 mg of Celestone. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Thumb Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state most invasive techniques, such as needle acupuncture and injection procedures, have insufficiency high quality evidence to support their use. In this case, there was no specific type of injection listed in the current request. It is noted that the injured worker has been previously treated with several injections. Documentation of objective functional improvement was not provided. Given the above, the request is not medically appropriate at this time.