

Case Number:	CM15-0121842		
Date Assigned:	07/06/2015	Date of Injury:	02/02/2015
Decision Date:	08/04/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/24/2015

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, Pain Management

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 54 year old male, who sustained an industrial injury on 02/02/2015. He has reported injury to the bilateral wrists. The diagnoses have included bilateral wrists repetitive motion injury; tendonitis bilateral wrists; osteoarthritis of first carpometacarpal joint, unspecified; and STT (scaphotrapezotrapezoidal) joint arthritis. Treatment to date has included medications, diagnostics, rest, splinting, and physical therapy. Medications have included Naproxen and Omeprazole. A progress note from the treating physician, dated 05/19/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of bilateral wrist pain; he has been wearing the splints continuously; he is not currently working; he has taken anti-inflammatory medications for pain; and he reports improvement in his wrist pain. Objective findings included unrestricted left wrist motion; left thumb carpometacarpal joint is stable and manipulation of the metacarpal produces pain; axial load and grind produces mild pain; x-ray demonstrates left thumb STT joint space narrowing and subchondral sclerosis; x-ray demonstrates right ST (scapulothoracic) joint space narrowing with subchondral sclerosis; right wrist motion is unrestricted; right thumb carpometacarpal joint is stable and painful; axial load and grind produces mild pain; weakness of active flexion of the index finger is present; and grip strength is diminished as compared to the left side. The treatment plan has included the request for steroid injection under fluoro imaging for the left thumb.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid Injection Under Fluoro Imaging for The Left Thumb: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter, Steroid Injection and Other Medical Treatment Guidelines Other, AAOS Topic on Arthritis of the Thumb.

Decision rationale: Regarding the request for a CMC steroid injection under fluoroscopic guidance, ACOEM Practice Guidelines state most invasive techniques, such as needle acupuncture and injection procedures, have insufficient high quality evidence to support their use. The exception is corticosteroid injections about the tendon sheaths or, possibly, the carpal tunnel in cases resistant to conservative therapy for eight to twelve weeks. ODG states injection is recommended for trigger finger and for de Quervain's tenosynovitis. AAOS specify that steroid injections for thumb arthritis are an option after more conservative care such as ice, splinting, and NSAIDs have been trialed. Within the documentation available for review, there is a diagnosis of osteoarthritis of the scaphotrapezotrapezoidal joint space. The patient has continued pain and x-rays supporting this diagnosis. Conservative care has included PT, splints, NSAIDs (naproxen), and relative rest. Given this, the current request is medically necessary. It should be noted that fluoroscopy can provide a clear image of the joint spaces of the carpal bones.