

Case Number:	CM15-0063013		
Date Assigned:	04/08/2015	Date of Injury:	12/06/2001
Decision Date:	05/07/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/02/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 was a 60 year old female, who sustained an industrial injury, December 16, 2001. The injury was sustained when a cabinet fell on the injured worker. The injure worker suffer right shoulder, neck, head and hand injuries. The injured worker received the following treatments in the past laboratory studies and right wrist MRI. The injured worker was diagnosed with recurrent impingement syndrome of the bilateral shoulders, mild right carpal tunnel syndrome, depression, and right shoulder calcified tendinitis, overuse syndrome of the bilateral upper extremities, psychological diagnosis and left middle finger flexor tenosynovitis. According to progress note of February 18, 2015, the injured workers chief complaint was neck pain and stiffness radiating to the upper extremities as well as pain, numbness and tingling in the right hands and in the shoulders. Recently the injured worker had noted on onset of pain and triggering in the left middle finger. The physical exam noted right hand and wrist with decreased sensation to pinprick over the volar of the thumb, index and middle finger was positive for the Phalen's test. The left hand and wrist there was tenderness over the A1 pulley of the middle finger and thickening. There was no active triggering of the left middle finger. The treatment plan included left middle finger cortisone injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left middle finger cortisone injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-272.

Decision rationale: According to the guidelines, one or two injections of lidocaine and corticosteroids into or near the thickened area of the flexor tendon sheath of the affected finger are almost always sufficient to cure symptoms and restore function. It is recommended for tenosynovitis. In this case, the claimant had tenderness in the left middle finger but no triggering which is more consistent with synovitis. Based on the guidelines, a steroid injection is appropriate and medically necessary.