

<b>Case Number:</b>	CM15-0063890		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	12/12/2012
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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 66 year old, male who sustained a work related injury on 12/12/12. The diagnoses have included right and left trigger finger and bilateral carpal tunnel syndrome. Treatments have included bilateral thumb injections, physical therapy, nerve conduction study of upper extremities and bilateral carpal tunnel releases. In the PR-2 dated 3/5/15, the injured worker complains of bilateral thumb "clicking." On examination, he has A1 pulley tenderness and triggering of both thumbs. The treatment plan is a recommendation for a left thumb injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left thumb A1 pulley injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

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

**Decision rationale:** Per Guidelines, corticosteroid injections may produce short-term pain relief; however, in the long-term, they are less effective in providing pain relief and benefit with high recurrence rates when compared to physical therapy in a functional restoration approach. In addition, cortisone injections have some risks of tendon fraying and even rupture which may not be appropriate in certain patient. Corticosteroid injections may be recommended for diagnoses of de Quervain's tenosynovitis, Trigger finger, and in mild to moderate cases of CTS after failed treatment trial of splinting and medications; however, this has not been clearly demonstrated here. Corticosteroid injections are not recommended for all chronic hand, wrist and forearm disorders and repeated or frequent injections have not shown evidenced-based efficacy. Submitted reports have not adequately demonstrated the indication or necessity to support for this request. The Left thumb A1 pulley injection is not medically necessary and appropriate.