

Case Number:	CM15-0065338		
Date Assigned:	04/21/2015	Date of Injury:	01/19/2011
Decision Date:	05/19/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/06/2015

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: Orthopedic Surgery, Hand Surgery, Sports 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:

The injured worker is a 52 year old female, who sustained an industrial injury on 1/19/2011, while employed as a billing clerk, due to continuous trauma. The injured worker was diagnosed as having status post anterior cervical fusion x2, bilateral carpal tunnel syndrome (worse on left), double crush syndrome, de Quervain's disease bilaterally (worse on left), and bilateral trigger thumb. Treatment to date has included cervical fusion surgery in 1/2012, and conservative measures, including diagnostics, wrist braces, epidural steroid injections, acupuncture, and medications. Currently, the injured worker complains of pain in her head, cervical area, shoulders, elbows, and hands/wrists, chest, abdomen, back and both lower extremities. Current medication use included Gabapentin, Xanax, Ativan, Ranitidine, Diclofenac, Ambien, Omeprazole, Fluoxetine, Bupropion, and Lamotrigine. Electromyogram and nerve conduction studies were referenced as showing bilateral carpal tunnel syndrome. The recommended treatment included carpal tunnel release and de Quervain's release bilaterally and cortisone injections for the elbow and trigger thumb.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone Injections Thumb, Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271, Chronic Pain Treatment Guidelines Trigger point injection Page(s): 122.

Decision rationale: In this case, it is noted that there is thumb flexor tendon triggering which usually responds to injection and the CA MTUS would support injection for the thumb. However, the injured worker reports primarily non-anatomic symptoms in the head, neck, chest, abdomen, low back and all 4 extremities causing difficulty with urinating, defecating, vision, speech, balance, sitting and standing. The very long-standing, non-anatomic symptoms cannot reasonably be expected to be improved by injection and there is no indication for elbow injection. With no reasonable expectation of elbow injection bringing about substantial functional improvement, the request for elbow injection is deemed medically unnecessary and the combined request for both thumb and elbow injections cannot be supported. Therefore is not medically necessary.