

<b>Case Number:</b>	CM15-0067443		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	06/17/2014
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 36 year old female, who sustained an industrial/work injury on 6/17/14. She reported initial complaints of left hand pain. The injured worker was diagnosed as having sprains/strains of wrist and hand, sprain and strain of unspecified site of hand, and trigger finger. Treatment to date has included medication. MRI results were reported on 11/20/14. Currently, the injured worker complains of pain in the left wrist that was worse with gripping and grasping with numbness and tingling. Per the primary physician's progress report (PR-2) on 2/13/15, examination noted numbness and tingling to the hand. Tinel's and Phalen's sign were positive on the left for carpal tunnel. There is locking with the second and third digits with flexion and extension. Medication was helpful for pain relief. Range of motion was limited. MRI demonstrated osteoarthritic changes. The requested treatments include physiotherapy and ultrasound guided cortisone injection for the left hand trigger finger.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiotherapy 2 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand Wrist; Physical therapy.

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. The employee has been undergoing PT sessions in the past, but there is no documentation of how many have been completed and what functional benefits have accrued from them and what the plan is for the future sessions and how that fits into a home exercise plan. Therefore, the request is not medically necessary.

**Ultrasound guided cortisone injection for the left hand trigger finger:** 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Hand and Wrist; Injections.

**Decision rationale:** MTUS is silent on this, but ODG states: "There is good evidence strongly supporting the use of local corticosteroid injections in the trigger finger. 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. The treatment of trigger fingers with a local injection of steroids is a simple and safe procedure but the risk of recurrence in the first year is considerable." ODG goes on to say "Steroid injection therapy should be the first-line treatment of trigger fingers in nondiabetic patients." The employee has a painful trigger finger and meets the above criteria, so the request is medically necessary.