

Case Number:	CM13-0002707		
Date Assigned:	03/10/2014	Date of Injury:	11/11/2009
Decision Date:	06/30/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	07/23/2013

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. The expert reviewer is Board Certified in Plastic Surgery/Hand Surgery, and is licensed to practice in Oregon. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This female complained of numbness and tingling of her left hand and wrist and triggering of the left ring finger. Nerve conduction testing showed carpal tunnel syndrome. She complained of pain and was treated with a carpal tunnel injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT RING FINGER TRIGGER FINGER RELEASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 11 (FOREARM, WRIST AND HAND COMPLAINTS), PAGE 271

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

Decision rationale: According to the Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice 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." The records do not document that the patient had a steroid injection for her trigger finger. The request for left ring finger trigger finger release is not medically necessary or appropriate.

CORTISONE INJECTION UNDER ULTRASOUND GUIDANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, 11 (FOREARM, WRIST AND HAND COMPLAINTS) (2004), 264, TABLE 11-4

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

Decision rationale: The patient had nerve conduction testing consistent with carpal tunnel syndrome. According to the Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines, "Surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post-surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken." The ACOEM guidelines support surgery rather than injection for carpal tunnel syndrome. The request for cortisone injection under ultrasound guidance is not medically necessary or appropriate.

POST-OPERATIVE PHYSICAL THERAPY, 12 SESSIONS FOR LEFT WRIST AND LEFT RING FINGER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Forearm, Wrist and Hand Page(s): 22.

Decision rationale: Chronic Pain Medical Treatment Guidelines allow for nine visits after trigger finger release and three to five sessions after carpal tunnel release. The therapy can be performed simultaneously. The requested twelve sessions exceed the Chronic Pain Medical Treatment Guidelines. The request for post-operative physical therapy for left wrist and left ring finger, twelve sessions, is not medically necessary or appropriate.