

Case Number:	CM13-0018544		
Date Assigned:	03/26/2014	Date of Injury:	07/15/2011
Decision Date:	04/30/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/29/2013

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 Occupational Medicine and is licensed to practice in California. 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:

The applicant is a represented [REDACTED] employee who has filed a claim for a trigger thumb/trigger finger reportedly associated with an industrial injury of July 5, 2011. In a Utilization Review Report of August 7, 2013, the claims administrator approved a trigger finger release surgery, denied a cold compression wrap, issued a modified certification for a prefabricated postoperative brace, partially certified a request for 12 sessions of physical therapy as nine sessions of physical therapy, denied a home exercise kit, and denied a cold therapy unit. The applicant's attorney subsequently appealed. In a July 11, 2013 hand surgery consultation, the applicant presented with 8/10 thumb pain. Limited thumb range of motion was noted with an apparent palpable nodule evident. The applicant was described as having a left trigger thumb. Authorization for a trigger thumb release surgery was sought, along with 12 sessions of physical therapy, a cold therapy unit, a thumb brace, and home exercise kit.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLD COMPRESSION WRAP: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

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

Decision rationale: While the MTUS-adopted ACOEM Guidelines in Chapter 11 do not specifically address the topic of postoperative splinting following trigger finger release surgery, the issue present here, the MTUS Guideline in ACOEM Chapter 11, page 266 does state that careful advice regarding maximizing activities within the limits of symptoms is imperative and further states that any splinting or limitations placed on hand, wrist, and/or forearm activities should not interfere with total body activity in any major way. In this case, it is likely that the applicant's trigger thumb issues will be ameliorated with surgery. Continued, protracted, and/or postoperative usage of splinting is not indicated or supported by the MTUS-adopted Guideline in Chapter 11. It is further noted that a more specific guideline, the Third Edition ACOEM Guidelines, state that splinting is recommended for select cases of acute, subacute, or chronic flexor tendon entrapment or trigger finger, specifically in those applicants who decline injection therapy. In this case, however, the applicant is intent on pursuing a definitive surgical remedy for the trigger thumb. Usage of a postoperative splint is not indicated or recommended either by the MTUS Guideline in ACOEM Chapter 11 or by the Third Edition ACOEM Guidelines. Therefore, the request is not certified, on Independent Medical Review

PRE-FABRICATED POST-OP BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CANALE: CAMBELLS OPERATIVE ORTHOPAEDICS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 266.

Decision rationale: While the MTUS-adopted ACOEM Guidelines in Chapter 11 do not specifically address the topic of postoperative splinting following trigger finger release surgery, the issue present here, the MTUS Guideline in ACOEM Chapter 11, page 266 does state that careful advice regarding maximizing activities within the limits of symptoms is imperative and further states that any splinting or limitations placed on hand, wrist, and/or forearm activities should not interfere with total body activity in any major way. In this case, it is likely that the applicant's trigger thumb issues will be ameliorated with surgery. Continued, protracted, and/or postoperative usage of splinting is not indicated or supported by the MTUS-adopted Guideline in Chapter 11. It is further noted that a more specific guideline, the Third Edition ACOEM Guidelines, state that splinting is recommended for select cases of acute, subacute, or chronic flexor tendon entrapment or trigger finger, specifically in those applicants who decline injection therapy. In this case, however, the applicant is intent on pursuing a definitive surgical remedy for the trigger thumb. Usage of a postoperative splint is not indicated or recommended either by the MTUS Guideline in ACOEM Chapter 11 or by the Third Edition ACOEM Guidelines. Therefore, the request is not certified, on Independent Medical Review.

POST-OP PHYSICAL THERAPY, 2X6 VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: As noted in the Postsurgical Treatment Guidelines in MTUS 9792.24.3, a general course of nine sessions of treatment is recommended following trigger finger release surgery, the issue present here. MTUS 9792.24.3.a2 states that an initial course of therapy makes one-half of the number of visits specified in the general course of therapy for the specific surgery in question. Thus, one-half of nine visits total is four and half visits. Thus, while a general course of four to five sessions of treatment could have been supported here, the 12-session course proposed by the attending provider cannot as it does not conform to MTUS parameters. Accordingly, the request is not certified, on Independent Medical Review.

HOME THERAPY EXERCISE KIT ALONG WITH AIDED THERAPY PROGRAM, PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which is to adhere to exercise and medication regimens. Thus, the exercise kit being sought by the attending provider has been deemed, per ACOEM, a matter of applicant responsibility as opposed to a matter of payer responsibility. Furthermore, it is unclear why the applicant will need any kind of formal exercise kit postoperatively, as the Third Edition ACOEM Guidelines further note that most individuals with flexor tendon entrapment do not require an exercise program as they typically respond favorably to a surgical remedy. Accordingly, the original request is not certified, for all of the stated reasons.