

Case Number:	CM13-0025594		
Date Assigned:	11/20/2013	Date of Injury:	05/19/2010
Decision Date:	02/20/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in Maryland. 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 physician 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 patient is a 57-year-old injured worker who sustained an injury to the upper extremity in a work related accident on 05/19/10. The clinical records for review included progress report dated 11/04/13 stating the claimant underwent a previous trigger finger release procedure to the middle finger and that he does not feel repeat corticosteroid injections are necessary and recommends that he undergo a repeat trigger finger release procedure. Previous assessment for review on 08/07/13 by [REDACTED], documented the claimant was status post bilateral carpal tunnel procedures as well as a prior middle and ring finger release to the right hand at the A1 pulley. The patient had recurrent triggering to only the middle digit and it was documented that no postoperative treatment was recently performed. [REDACTED] recommended a "redo A1 pulley release."

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right middle finger redo A1 pulley release with flexor Tenosynovectomy of the digital flexors: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: Based on California ACOEM Guidelines, a repeat trigger finger release procedure would not be indicated. The clinical records do not support the acute need of a surgical process, particularly in light of documentation of no prior postoperative treatment for review. While the claimant states that they do not wish corticosteroid injections or physical therapy, the role of a repeat surgery cannot be supported based on the claimant's wishes alone. The absence of postoperative treatment in this setting would fail to necessitate surgical process. The request for 1 right middle finger redo, A1 Pulley Release with Flexor Tenosynovectomy of the digital flexors is not medically necessary and appropriate.

1 preoperative complete blood count, prothrombin and partial thrombin time test: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary

1 preoperative urinalysis: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1 preoperative electrocardiography: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.