

<b>Case Number:</b>	CM13-0031502		
<b>Date Assigned:</b>	04/28/2014	<b>Date of Injury:</b>	01/18/2012
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	09/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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 Physical Medicine and Rehabilitation 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 patient is a 42 year old male who was injured on 01/18/2012. The patient sustained a work-related cumulative trauma injury to his bilateral upper extremities during the course of performing his job activities such as repetitive movements including typing and writing. Prior treatment history has included several sessions of occupational therapy dated 05/23/2013 and right thumb CMC joint injection dated 02/27/2013; and right ring and small finger trigger injection on 01/30/2013 and 06/12/2013. The patient underwent a right median nerve decompression at wrist on 10/29/2012; left median nerve decompression at wrist on 01/14/2013; right ulnar nerve decompression at elbow on 04/15/2013. PR2 dated 09/18/2013 documents the patient to have complaints of locking in the right ring and small fingers with tenderness. On physical examination of the right upper extremity there is tenderness to palpation at the thumb CMC joint with grinding maneuver. There is ring and small finger triggering with tenderness to palpation at the ring and small finger A1 pulley. His elbow range of motion is full. Neurocirculatory is intact. He has a well-healed scar of the elbow. On examination of left upper extremity reveals tenderness to palpation at thumb CMC with positive grinding maneuver. Sensation to light touch is diminished at the lateral elbow. Sensation to light touch is subjectively improved at the small and ring fingers. The hand is pink, moist and warm. The range of motion is full at the elbow. He has a well-healed scar at the elbow. He has tenderness to palpation at ring and small finger A1 pulley; Negative Tinel's and flexion test at the elbow. Diagnoses are bilateral median nerve entrapment at wrist status post right median nerve decompression at wrist; bilateral nerve entrapment at elbow status post right ulnar decompression at elbow; bilateral forearm myalgia; bilateral thumb carpometacarpal joint arthralgia status post right thumb CMC joint injection; right small and ring finger tenosynovitis with triggering status post right ring and small finger trigger injection; left ring and small finger

tenosynovitis. The treatment and plan includes a left small finger and ring finger trigger injection with ultrasound guidance; right small finger and right ring finger A1 pulley release. The patient will proceed to surgery on 10/14/2013. The patient is instructed to follow up postoperatively day one, 10/15/2013.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 LEFT SMALL FINGER AND LEFT RING FINGER TRIGGER INJECTIONS WITH ULTRASOUND GUIDANCE: Upheld**

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

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

**Decision rationale:** According to CA MTUS guidelines, trigger finger injection is recommended as one or two injections of Lidocaine or corticosteroid into or near the thick-end area of the flexor tendon sheath of the affected finger and it is considered sufficient to cure symptoms and restore function. The medical records document the patient is diagnosed with left ring and small finger tenosynovitis. In the absence of documented symptoms of trigger finger in the left small finger and ring finger which includes snapping, clicking, popping, catching. The request is not medically necessary.