

<b>Case Number:</b>	CM13-0034253		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	02/01/2011
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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 Orthopedic Surgery 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 claimant is a 67 year old female who sustained an injury to the left hand and the left fifth digit on injured February 1, 2011. The records provided for review included a September 10, 2013 progress report indicating that the claimant was status post bilateral carpal tunnel release with continued achiness. At the time of the progress report the claimant's chief complaint was triggering of the left thumb and left fifth digit. The recommendation was for continued use of short acting narcotic analgesics and referral for left hand fifth digit trigger release. The physical examination findings and documentation of treatment specific to the claimant's triggering digits was not noted. The additional medical records did not identify conservative treatment provided including a corticosteroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT HAND 5TH DIGIT TRIGGER THUMB RELEASE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

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

**Decision rationale:** Based on the California ACOEM 2004 Guidelines the request for surgery for left hand fifth digit trigger thumb release would not be indicated. The ACOEM Guideline recommends exhaustion of conservative care including corticosteroid injections before proceeding with trigger release. The absence of documentation regarding conservative measures specifically injection therapy fails to necessitate the request for the surgery.

**12 SESSIONS OF POST OP PHYSICAL THERAPY FOR THE LEFT HAND:** 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