

Case Number:	CM13-0043027		
Date Assigned:	06/09/2014	Date of Injury:	05/14/2013
Decision Date:	12/23/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/31/2013

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 and Reconstructive Surgery and is licensed to practice in Maryland, Virginia and North Carolina. 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 46 year old male with a reported date of injury on 5/14/13 from a fall who requested A-1 pulley, trigger finger release of the right ring finger. There was no relevant medical documentation provided for review related to a possible trigger finger. UR review dated 10/15/13 did not certify A-1 pulley release of the right ring finger as there was not documentation of a steroid injection performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

A-1 PULLEY RELEASE OF RIGHT RING FINGER: Upheld

Claims Administrator guideline: The Claims Administrator based their decision on the MTUS ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004), CHAPTER 11 (FOREARM, WRIST, AND HAND COMPLAINTS), pages 271-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 271 and 273.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM), Forearm, wrist and hand complaints page 265 notes: Trigger finger, if significantly symptomatic, is probably best treated with a cortisone/anesthetic injection at first encounter, with

hand surgery referral if symptoms persist after two injections by the primary care or occupational medicine provider (see Table 11-4). Further from page 271, 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. A procedure under local anesthesia may be necessary to permanently correct persistent triggering. Further from page 273, table 11-7, surgical considerations are warranted after failure of non-operative management, which includes an initial injection of a steroid.