

<b>Case Number:</b>	CM13-0045266		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/10/2012
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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:

This is a 42-year-old injured in a work related accident 08/10/12. A recent clinical assessment from 09/23/13 indicates the claimant is with right greater than left wrist pain with examination showing FCR tenderness to the right ring finger with tenderness and locking of the fourth and fifth digits. A previous assessment of 08/19/13 showed a positive Finkelstein's test on the right. The claimant is with a current diagnosis of flexor carpi radialis tendinosis with triggering to the right ring and small finger. There is notation of a prior injection to the flexor carpi radialis tendon but no indication of injections to the trigger digits. Based on failed conservative measures surgical intervention has been recommended in the form of a first dorsal extensor compartment release with concordant trigger finger release procedures to the fourth and fifth digit. There was no further information in the way of clinical records, imaging, or documentation of treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SURGERY: RE-EXPLORATION OF RIGHT 1ST DORSAL COMPARTMENT RELEASE, EXTENSOR TENOLYSIS, RIGHT RING FINGER TRIGGER RELEASE AND SMALL TRIGGER FINGER RELEASE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** Based on Forearm, Wrist, and Hand Chapter ACOEM guidelines the requested first dorsal extensor compartment release in association with two trigger finger release procedures would not be indicated. While the claimant is noted to be with triggering and tenderness over the first dorsal extensor compartment there is no documentation of prior treatment consisting of trigger finger injections and that would be necessary prior to surgical intervention. Given the lack of previous injection therapy the medical necessity for the requested procedure is not medically necessary or appropriate.

**PRE-OP MEDICAL CLEARANCE, LABS CHEST X-RAY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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.

**POST-OP OCCUPATIONAL THERAPY 3 TIMES A WEEK FOR 3 WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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.

**POST-OP MEDICATION: NORCO:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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.