

Case Number:	CM13-0049456		
Date Assigned:	12/27/2013	Date of Injury:	02/09/2011
Decision Date:	03/10/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	11/08/2013

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 Orthopedica Surgery and is licensed to practice in Texas. 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 50 year old female who reported an injury on 02/09/2011. The mechanism of injury was noted to be repetitive motion. She was diagnosed with bilateral thumb stenosing tenosynovitis. At her 10/18/2013 office visit, it was noted that the patient had reconsidered surgery on the right side including a cubital tunnel release, revision carpal tunnel release, and a trigger thumb release and would like for this treatment to be arranged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Thumb Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Trigger Finger.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264.

Decision rationale: According to ACOEM Guidelines, the injection of lidocaine and corticosteroids in the treatment of trigger finger pain is supported. However, a 05/17/2013 office note indicates that the patient had undergone at least 2 to 3 prior right thumb injections and had not responded to these and other extensive non-surgical treatments and was a candidate for right

trigger thumb release surgery. In her 10/18/2013 office note, it was noted that the patient was agreeable to undergoing surgery and a plan was noted for the procedure. As the clinical information suggests that the patient had little relief from previous injections to her trigger thumb and a plan was noted for surgery, the request for an injection for the patient's trigger thumb is not supported by Guidelines. As such, the request for Trigger thumb injection is non-certified.