

Case Number:	CM13-0050576		
Date Assigned:	12/27/2013	Date of Injury:	08/31/2012
Decision Date:	03/11/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/13/2013

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 Orthopedic Surgery and is licensed to practice in Oregon. 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 51-year-old female who developed bilateral trigger fingers following repetitive mousing and typing. She has been performing stretching and analgesics with minimal improvement. Exam shows limited flexion and triggering of the fingers of the left hand. Her surgeon recommends release of the thumb, index, middle, ring and small finger triggers.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) preoperative complete blood count: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The ACOEM guidelines supports trigger finger release only after a failed trail of medical therapy with steroid injections. This patient has not had a steroid injection. Therefore, the request for surgery and for preoperative blood count are not supported by the guidelines.

One (1) preoperative medical appointment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The ACOEM guidelines supports trigger finger release only after a failed trail of medical therapy with steroid injections. This patient has not had a steroid injection. Therefore, the request for surgery and for preoperative medical appointment are not supported by the guidelines.

One left thumb, index, long, ring and small finger trigger releases: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: According to the ACOEM guidelines Chapter 11, 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." The ODG guidelines also recommend steroid injections as the initial treatment for trigger fingers. According to the ODG guidelines, "There is good evidence strongly supporting the use of local corticosteroid injections in the trigger finger. 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...Steroid injection therapy should be the first-line treatment of trigger fingers in non-diabetic patients." A study by Kerrigan and Stanwix concluded that two steroid injections before undertaking surgical release was the most cost effective method of managing trigger finger. A prospective randomized placebo controlled study published in 2008 found that local injection of steroid is an effective and safe treatment for trigger finger. A study by Murphy et al found a 65% cure rate for a single steroid injection for trigger finger. The records do not document any contraindications for a steroid injection for this patient.

Six post-operative occupational therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The ACOEM guidelines supports trigger finger release only after a failed trail of medical therapy with steroid injections. This patient has not had a steroid injection. Therefore, the request for surgery and for postoperative therapy is not supported by the guidelines. The MTUS guidelines support therapy only after medically necessary trigger finger releases.