

Case Number:	CM13-0052381		
Date Assigned:	12/27/2013	Date of Injury:	03/21/2007
Decision Date:	06/05/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/15/2013

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 Arizona. 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 patient is a 59-year-old female with a date of injury of 3/21/07. The patient has been seen for bilateral trigger fingers; she had release of the triggering of fingers of the right hand. A request is made for release of the A1 pulley of the left second digit. The previous records indicate the patient is being treated for left second, third, and fourth trigger fingers with medication and home mobilization. She received a cortisone injection into the left third digital pulley but there is no documentation of when she received an injection into the second digital pulley. The patient also has a history of chronic pain; she is on methadone and has involved psychiatric history.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT 2ND DIGIT A1 PULLEY EXCISION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 46, 79-81, 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 71.

Decision rationale: The ACOEM guidelines state that 1 or 2 injections of lidocaine and corticosteroid into or near the thickened area of the flexor tendon sheath of the affected finger are almost always sufficiently Q of symptoms and restore function. A procedure under local anesthesia may be necessary to permanently correct persistent triggering. There is no documentation that the patient received an injection into or near the second digit A1 pulley. Therefore, the medical necessity of a surgical release of the pulley has not been established.

POST OP PHYSICAL THERAPY, 2 TIMES A WEEK FOR 6 WEEKS: 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.

COMPREHENSIVE HISTORY & PHYSICAL PRE OP: 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.

PRE AND POST OP MEDICATION, PERCOCET 5/325 MG, #30: 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.

PRE AND POST OP MEDICATION, ANTI FLAMMATORY RELAFEN 750 MG, 1 PO BID, #60: 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.