

Case Number:	CM13-0055253		
Date Assigned:	12/30/2013	Date of Injury:	03/15/2013
Decision Date:	03/26/2014	UR Denial Date:	10/26/2013
Priority:	Standard	Application Received:	11/20/2013

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 Occupational Medicine 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 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 applicant has filed a claim for multiple trigger fingers reportedly associated with an industrial injury of March 15, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; x-rays of the injured hand, reportedly negatives for fracture; unspecified amounts of occupational therapy; and reported return to regular work. In a truncated Utilization Review Report of October 26, 2013, the claims administrator denied a request for trigger point injection therapy. The applicant's attorney subsequently appealed. The claims administrator seemingly posited that the applicant had had multiple prior steroid injections and had not responded favorably to the same. A November 13, 2013 report is notable for comments that the applicant reports persistent stiffness and locking of a small, ring, and long fingers. The applicant exhibits associated loss of grip strength. The applicant is not represented. The applicant exhibits active triggering in the clinic setting. She is returned to regular duty work and asked to pursue surgical release of several trigger fingers. In later progress notes, however, the attending provider seemingly notes that request for a pre-surgical release has been denied and that he is unwilling to perform the surgery without a preoperative medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) corticosteroid injection between 10/2/2013 and 10/2/2013: Overturned

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

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

Decision rationale: The MTUS/ACOEM Guidelines indicate that the injection of lidocaine and corticosteroids are considered viable options in the treatment of trigger fingers, as are seemingly present here. In this case, the applicant has multiple digits which are triggering and locking. Corticosteroid injection therapy is indicated and appropriate to treat the same, per the ACOEM guidelines. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.