

Case Number:	CM13-0057883		
Date Assigned:	12/30/2013	Date of Injury:	01/27/2004
Decision Date:	05/02/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/26/2013

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 Surgeon and is licensed to practice in Georgia and 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 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:

The injured worker is a 51-year-old female who reported an injury on 01/27/2004. The mechanism of injury was not provided. Current diagnoses include status post anterior cervical discectomy, status post right shoulder arthroscopic surgery, left shoulder impingement syndrome with AC joint arthrosis, status post right De Quervain's/carpal tunnel release, left carpal tunnel syndrome/De Quervain's, and trigger thumb and tenovaginitis of the right ring finger. The injured worker was evaluated on 09/18/2013. The injured worker reported ongoing symptomatology in the right thumb and ring finger, as well as the cervical spine, bilateral shoulders, and left wrist. Physical examination of the right thumb and ring finger on that date revealed palpable nodules and tenderness in the flexor tendon sheath of the right thumb and right ring finger. Treatment recommendations at that time included trigger finger release of the right thumb and right ring finger.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT TRIGGER THUMB AND RING FINGER RELEASE: Upheld

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): 270-271. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG), Forearm, Wrist & Hand Chapter, Percutaneous release (of the trigger finger and/or trigger thumb).

Decision rationale: California MTUS/ACOEM practice Guidelines state 1 or 2 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. A procedure under local anesthesia may be necessary to permanently correct persistent triggering. Official Disability Guidelines state percutaneous release of trigger finger and/or trigger thumb is recommended where symptoms persist. In cases where symptoms persist after steroid injection, surgery may be recommended. As per the documentation submitted, the injured worker's physical examination does reveal palpable nodules and tenderness in the flexor tendon sheath of the right thumb and right ring finger. However, there is no mention of an exhaustion of conservative treatment to include steroid injection. Therefore, the injured worker does not currently meet criteria for the requested procedure. As such, the request is non-certified.

POST-OPERATIVE REHABILITATION THREE TIMES A WEEK FOR FOUR WEEKS WITH RE-EVALUATION: 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: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified.

ARM SLING: 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: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified.

PRE-OPERATIVE MEDICAL CLEARANCE WITH INTERNIST: 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: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified.