

<b>Case Number:</b>	CM13-0061096		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/31/2012
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 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 55-year-old male who reported an injury on 07/31/2012. The mechanism of injury was not stated. The current diagnosis is closed fracture of the phalanx or phalanges in the hand. The injured worker was evaluated on 11/18/2013 with complaints of persistent symptoms in the left little finger metacarpophalangeal (MCP) joint. It is noted that the injured worker demonstrated significantly worsened left long trigger finger symptoms. The injured worker had focal tenderness at the left long finger A1 pulley and passive proximal interphalangeal (PIP) joint; the flexion was greater than 60 degrees with severe pain. The injured worker preferred surgical intervention as opposed to corticosteroid injections. The treatment recommendations at that time included a left little finger metacarpal plate removal, extensor synovectomy, extensor tenolysis, and long finger A1 pulley release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extensor synovectomy, extensor digiti quinti proprius muscle (EDQM) and EDC tenolysis, and left A1 pulley release:** Upheld

**Claims Administrator 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 and Hand chapter, percutaneous release (of the trigger finger and/or trigger thumb).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that a referral for hand surgery consultation may be recommended for patients who have red flags of a serious nature, fail to respond to conservative management including work site modifications, and have clear clinical and special study evidence of a lesion. Regarding trigger finger release, one or two (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. As per the documentation submitted for this review, it is noted that the injured worker demonstrates persistent stiffness at the left little finger metacarpophalangeal (MCP) joint, tenderness to palpation at the long finger A1 pulley, and severe pain with passive range of motion. However, it was also noted that the injured worker preferred surgical intervention over corticosteroid injection. There was no mention of an attempt at conservative treatment. The guidelines recommend injection of lidocaine and corticosteroid prior to surgical intervention. Additionally, there were no clinical findings or imaging studies submitted for this review to support an extensor synovectomy and tenolysis. As such, the current request cannot be determined as medically appropriate. Based on the clinical information received and the above mentioned guidelines, the request is not medically necessary.

**PO Splint:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 266.

**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.