

<b>Case Number:</b>	CM13-0066271		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/27/2012
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Physical Medicine and Rehabilitation, Pain Management has a subspecialty in Interventional Spine 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 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 is a 35 year-old male welder, who was injured on 2/27/2012. He has been diagnosed with s/p bilateral carpal tunnel release; s/p left middle finger trigger finger release; symptomatic right middle finger trigger finger; history of triggering of the right little finger. According to the 10/31/13 orthopedic/hand surgery report from [REDACTED], the patient presents with worsening triggering of the right middle finger, and the right little finger is less symptomatic. He is working modified duty, but would like to proceed with the trigger finger surgery. [REDACTED] requests pre-op medical clearance and requests the right trigger finger release. The records show the patient underwent right carpal tunnel release on 1/16/13. The prior pre-operative report was dated 1/8/13 and showed the patient was taking several medications for hypertension, and hypercholesterolemia

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE (1) PREOPERATIVE MEDICAL CLEARANCE:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter for: Preoperative Lab Testing.

**Decision rationale:** The patient is anticipating a right 3rd digit trigger finger release procedure. The physician has asked for pre-operative clearance. There was no rationale provided. The patient previously had a right carpal tunnel release surgery earlier in 2013, without complications. ODG states: "Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management." ODG guidelines do not appear to support routine preoperative labs or clearance unless there is a condition that would interfere with perioperative management. The available reporting did not discuss any conditions that would interfere with perioperative management. The request for medical clearance for a trigger finger release is not medically necessary.

**ONE (1) RIGHT MIDDLE TRIGGER FINGER RELEASE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Chapter 6, Independent Medical Examinations and Consultations, page 163

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

**Decision rationale:** The 8/8/13 orthopedic report, notes the patient was having early triggering of the right middle and little finger. The 9/19/13 report states the patient is still having triggering and may need an injection or surgery, but if it clears up, he may be P&S. The 10/31/13 report requests the trigger finger surgery. The patient has not had an injection to the flexor tendon. MTUS/ACOEM, under surgical considerations for trigger finger states "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." If that does not work, MTUS/ACOEM states "A procedure under local anesthesia may be necessary to permanently correct persistent triggering" There was no rationale provided to skip the more conservative injections, and before proceeding with the surgery. The request does not appear to be completely in accordance with MTUS/ACOEM guidelines. Therefore, the request for One Right Middle Trigger Finger Release is not medically necessary.