

Case Number:	CM14-0003021		
Date Assigned:	01/29/2014	Date of Injury:	10/04/2006
Decision Date:	06/19/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/08/2014

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 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:

The record notes a 55-year-old individual with a date of injury of October 4, 2006. The mechanism of injury reported is repetitive keyboarding. The record indicates that prior to surgical intervention the claimant underwent multiple cortisone injections and activity modifications with persistence of triggering of all three fingers. A progress note dated July 25, 2013 indicates that surgical intervention was to be performed at the same time. The claimant is status post a right trigger finger release of digits 2 through 4 on the right performed on July 24, 2013. Postoperative physical therapy (8 sessions) is noted in the medical record. Early in the postoperative period stiffness was noted on a progress note dated December 16, 2013, but it does not reveal any physical evidence of triggering. A routine post-op recovery is noted. Six additional visits of physical therapy were recommended. A progress note dated January 9, 2014 indicates that the claimant presents status post release of multiple trigger digits with a notation of some trouble with stiffness and pain in the postoperative period. At that time, the physical examination indicates that the claimant is lacking terminal extension of her IP joints and in the MP joints, with stiffness with flexion and extension. She is unable to make a fist and cannot touch her palm with her fingertips without difficulty. A recommendation is made for additional physical therapy (six visits) with transition to a home exercise program following that. Anticipation of a slow transition back to work over the next two to three months is noted as part of the treatment plan. No restrictions were anticipated.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENDON SHEATH INCISION (TRIGGER FINGER) (RIGHT): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: The medical necessity of a repeat procedure has not been substantiated in the medical record, as the most recent progress note available indicates that there was no triggering present. ACOEM Practice Guidelines, in the absence of clinical documentation (signs and symptoms) to support the diagnosis for which surgical intervention is recommended, this request is not medically necessary.