MAXIMUS Federal Services

Case Number:	CM14-0012197		
Date Assigned:	08/11/2014	Date of Injury:	04/01/2010
Decision Date:	09/11/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/30/2014

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 Plastic Surgery and is licensed to practice in Oregon. 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 female is status post right carpal tunnel release and right middle finger Al Pulley release on 1/11/13 and most recently had a dorsal ganglion excision on 10/9/13. Her middle finger had been better for quite some time after surgery however recently began to be more problematic. On 11/14/13 her surgeon injected the scar area of the right middle finger at the Al level, which improved the situation for a short period of time. She is undergoing therapy. With flexion, her finger comes to only 3 cm from the distal palmar crease. Doctors Sacco and Lee recommend flexor tenolysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Middle Finger Flexor Tenolysis: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines, Dupuytren's Release (http://www.odg-twc.com).

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

Decision rationale: This patient has persistent pain following trigger finger release. This is a known complication from trigger finger release and is likely related to ongoing flexor

tenosynovitis. A postoperative steroid injection did not improve her symptoms, and she continues to have severe hand limitations due to her pain and inability to actively flex her finger into her palm. Her symptoms are unimproved with therapy. The only option to improve her symptoms and restore hand function is flexor tenolysis with hopes that this procedure will alleviate the ongoing inflammation that is limiting her hand function. There is no other treatment available for her condition, and she has failed all appropriate conservative treatments.

Pre-op EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape: Preoperative Testing (http://emedicine.medscape.com/article/285191-overview#a1).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Practice advisory for preanesthesia evaluation. An updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation." (American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology. 2012 Mar;116(3):522-38).

Decision rationale: Per the guidelines: Electrocardiogram (ECG). -Important clinical characteristics may include cardiocirculatory disease, respiratory disease, and type or invasiveness of surgery. The Task Force recognizes that ECG abnormalities may be higher in older patients and in patients with multiple cardiac risk factors. An ECG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a preanesthesia evaluation. Age alone may not be an indication for ECG.Preoperative EKG is not indicated because the patient has not had any risk factors for cardiac disease identified in her preoperative workup.