

Case Number:	CM14-0013507		
Date Assigned:	02/26/2014	Date of Injury:	06/30/2011
Decision Date:	06/26/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/03/2014

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 Anesthesiology and is licensed to practice in Massachusetts, New Jersey, 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 40 year old male who reported an injury to his right upper extremity. The clinical note dated 09/09/13 indicates the injured worker complaining of right upper extremity pain. The clinical note dated 07/16/13 indicates the injured worker was dropping dollies from a tow truck and pulled a lever to drop when one side froze. This caused the fingers of his right hand to straighten and he felt a sharp pain radiating up the right forearm. The injured worker was subsequently diagnosed with carpal tunnel syndrome of the right arm as well as a sprain of the right forearm and elbow. The injured worker has been undergoing physical therapy addressing the right upper extremity complaints. The note indicates the injured worker having completed approximately 20 physical therapy sessions to date. The AME dated 06/14/13 indicates the injured worker complaining of pain at the right and middle fingers of the right hand. The injured worker also reported additional stiffness as well. There is an indication that the injured worker has previously undergone an injection to address the trigger fingers. The injured worker has complaints of constant aching in the palm of the right hand involving the 3rd and 4th fingers. Activities exacerbate the injured worker's discomfort. The note does indicate the injured worker having completed reasonable conservative treatments subsequent to the TFCC repair. The note also indicates the injured worker having no active triggering. The MR arthrogram of the right wrist dated 01/25/13 indicates the injured worker having an intact TFCC as well as the scapholunate ligament. The clinical note dated 03/13/13 indicates the injured worker being recommended for 3 platelet rich plasma injections 2-3 weeks apart to address the extensor carpi ulnaris tendon. There is an indication the injured worker sustained a 2nd injury following the TFCC reconstruction on 06/14/12 when he was performing push-ups and reinjured the wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT RING FINGER TENOVAGINOTOMY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

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

Decision rationale: The request for a right ring finger tenovagotomy is non-certified. The documentation indicates the injured worker complaining of right upper extremity pain. A finger tenovagotomy is indicated provided the injured worker meets specific criteria to include active triggering identified by clinical exam and the injured worker has completed all conservative treatments to include up to 2 injections at the affected finger. No information was submitted regarding the injured worker's significant triggering at the right ring finger. Additionally, it is unclear if the injured worker has completed all conservative treatments as no information was submitted regarding the injured worker's injections at the ring finger. Given these factors, this request is not indicated as medically necessary.