

Case Number:	CM14-0111208		
Date Assigned:	08/01/2014	Date of Injury:	06/10/2010
Decision Date:	12/23/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/16/2014

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 Hand 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:

The claimant is a 58-year-old female with reported trigger finger conditions. The date of injury was 06/10/2011. On the 1/30/2014, her exam showed that both index fingers are triggering. She has had prior trigger fingers releases in both hands. She also has signs of left wrist weakness and carpal tunnel syndrome symptoms. EMGs were requested. He also reported that she failed a cortisone injection and PT for a right hand trigger fingers and will request trigger finger releases.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right 3-5 trigger finger release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

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

Decision rationale: According to the ACOEM guidelines Chapter 11, page 271 "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." The InterQual and the ODG guidelines also recommend steroid injections as the initial treatment for trigger fingers. According to the ODG guidelines, "There is good evidence strongly

supporting the use of local corticosteroid injections in the trigger finger. 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...Steroid injection therapy should be the first-line treatment of trigger fingers in non-diabetic patients." A study by Kerrigan and Stanwix concluded that two steroid injections before undertaking surgical release was the most cost effective method of managing trigger finger. A prospective randomized placebo controlled study published in 2008 found that local injection of steroid is an effective and safe treatment for trigger finger. A study by Murphy et al found a 65% cure rate for a single steroid injection for trigger finger. The records do not document any contraindications for a steroid injection for this patient, and the records do not document which fingers were injected. As such, the request is not medically necessary.

Pre-operative medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X Other Medical Treatment Guideline or Medical Evidence: According to the "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: In this case, the requested procedure is not medically necessary and therefore testing is not medically necessary.