

<b>Case Number:</b>	CM14-0115800		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	11/18/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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 and Hand Surgeon and is licensed to practice in 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 case involves a 51-year-old female who was injured in a work-related accident on November 18, 2013. The clinical records, specific to this individual's right thumb, indicates there is documentation of a June 4, 2014 progress report describing symptoms of pain and numbness with difficulty bending of the thumb. The physical examination showed restricted IP joint motion with locking consistent with a trigger digit. There is a previous clinical visit of April 7, 2014, that also demonstrates a trigger digit. Treatment includes medications, splinting, and physical therapy. There is no documentation of previous injection therapy. There is a current request for surgical release of the right trigger thumb.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgery - release right trigger finger:** Upheld

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

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

**Decision rationale:** Based on California ACOEM Guidelines, surgical intervention would not be indicated. Guidelines would support the role of one or two prior injections of corticosteroid or

lidocaine into the A1 pulley prior to proceeding with operative intervention. While this individual is noted to have failed conservative care, there is no documentation of prior injectual therapy. As such, the requested surgical intervention is not medically necessary.