

Case Number:	CM14-0118510		
Date Assigned:	08/06/2014	Date of Injury:	03/18/2014
Decision Date:	09/17/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/28/2014

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:

58-year-old diabetic claimant with hypertension with reported industrial injury from 3/18/2014. Exam note from 5/12/2014 demonstrates the claimant complains of pain over the right thumb and left third finger. The claimant has associated pain, stiffness, and triggering of the right thumb and left long finger. Examination demonstrates the claimant has no active triggering. Exam note from 7/7/2014 demonstrates the claimant has been treated with injections, which did not help symptoms. There is increased pain and inability to bend the right interphalangeal joint due to significant pain and fear of locking. Examination demonstrates there is active trigger and tenderness over the A1 pulley of the left long finger and right thumb. Report states the claimant has failed a trial of nonoperative treatment with injections in the thumb and left long finger flexor sheath. Treatment plan includes a right thumb trigger release followed by a left long finger ring finger trigger release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative occupational therapy 3x4 (right thumb trigger finger): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Forearm, Wrist and Hand, Trigger Finger Page(s): 22.

Decision rationale: According to the CA MTUS Post Surgical Treatment Guidelines, Trigger Finger, page 22, states that 9 visits over 8 weeks are recommended with a postsurgical treatment period of 4 months. In addition half of the initial visits are recommended with a re-assessment after completion of those visits. As the requested 12 visits exceed the guidelines cited, the determination is for non-certification.

Pre-operative medical clearance/labs to include HgA1C, CBC, CMP, PT and PTT, EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative Testing.

Decision rationale: CA MTUS/ACOEM and ODG Forearm, Hand and Wrist chapter are silent on the issue of preoperative testing. An alternative chapter in ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. In this case the patient is a 58-year-old female with diabetes and hypertension with a minor procedure scheduled. There are no physical examination findings from 7/7/14 concerning for preoperative testing prior to the proposed minor surgical procedure. Therefore the determination is for non-certification.

Post-operative occupational therapy 3x4 (left long trigger finger): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

Decision rationale: According to the CA MTUS Post Surgical Treatment Guidelines, Trigger Finger, page 22, states that 9 visits over 8 weeks are recommended with a postsurgical treatment period of 4 months. In addition half of the initial visits are recommended with a re-assessment after completion of those visits. As the requested 12 visits exceed the guidelines cited, the determination is for non-certification.