

Case Number:	CM14-0130426		
Date Assigned:	08/20/2014	Date of Injury:	08/17/2011
Decision Date:	10/23/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/14/2014

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 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 51-year-old male who reported an injury on 08/27/2011. The mechanism of injury was not submitted for clinical review. The diagnoses included carpal tunnel syndrome, trigger finger, hypertension. The previous treatments included medication, surgery, acupuncture, physical therapy, NCV, and injections. Within the clinical note dated 04/09/2014, it was reported the injured worker complained of carpal tunnel syndrome symptoms. He reported awakening in the middle of the night a couple of times a week. The injured worker complained of occasional numbness. Upon the physical examination, the provider noted sensation to light touch is normal on the right and left hand. Mild tenderness noted on the right and left thumb. There was moderate tenderness of the right small A1 pulley, mild tenderness of the left index and the small A1 pulley. The provider requested a left small, middle, and index finger trigger release. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Small, Middle and Index Finger Trigger Release: Overturned

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): 270-271.

Decision rationale: The request for a left small, middle, and index finger trigger release is medically necessary. The California MTUS/ACOEM Guidelines note 1 or 2 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. A procedure under local anesthesia may be necessary to permanently correct persistent triggering. The guidelines recommend the documentation of red flags of a serious nature and failure to respond to conservative treatment, including worksite modifications. The clinical documentation submitted indicated an improvement post left trigger finger injection. However, the documentation noted objective findings of Left index, small, middle finger triggering. Therefore, the request is medically necessary.