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| Case Number: | CM14-0166202 | | |
| Date Assigned: | 10/13/2014 | Date of Injury: | 01/15/2013 |
| Decision Date: | 11/26/2014 | UR Denial Date: | 09/27/2014 |
| Priority: | Standard | Application Received: | 10/08/2014 |

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:

This is a 54-year-old gentleman with a documented date of injury on 01/15/13. The medical records provided for review document that the claimant underwent left second finger trigger release on 03/18/14 followed by right index finger trigger release on 09/09/14. The clinical assessment dated 07/16/14, prior to right index trigger finger release, noted complaints of bilateral wrist and hand pain and a working diagnosis of right index and ring trigger finger. Physical examination revealed tenderness to palpation at the A1 pulley. The medical records do not identify prior conservative treatment to the right ring finger. This review is for physical therapy, interferential unit, wax supplies, medical clearance, cold therapy unit, and a Cortisone injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99..

Decision rationale: California MTUS Chronic Pain Guidelines do not support the request for six sessions of physical therapy. The six sessions of physical therapy are being recommended for the claimant's diagnosis of right ring trigger finger which has not undergone operative intervention. There would presently be no formal indication for the role of physical therapy for the right ring digit. There is no indication of functional deficit or lack of range of motion. Typically, trigger digits respond well to conservative care in the form of home exercises and injection therapy. The requested six sessions of physical therapy for the claimant's current clinical presentation would not be supported.

8 sessions of post-op physical therapy: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitation Guidelines, the request for the initial eight sessions of postoperative physical therapy following right index trigger finger release would be indicated. The Postsurgical Guidelines recommend up to nine visits of therapy over an eight week period of time. The requested eight initial sessions would satisfy the Postsurgical Guideline criteria and would be indicated as medically necessary.

1 interferential home unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118.

Decision rationale: California MTUS Chronic Pain Guidelines do not support the use of an interferential device following operative intervention. Interferential devices are typically not recommended following acute clinical injuries including postsurgical processes. It is not recommended as an isolated intervention and is typically utilized in the chronic setting in conjunction with return to work, exercise, and medication management. The request for an interferential device following a trigger finger release procedure would not be supported as necessary.

1 wax supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, & Hand (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Forearm, wrist, hand Chapter: Paraffin wax baths

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. When looking at Official Disability Guidelines, the request for "wax supplies" would not be indicated. Paraffin wax baths in the treatment of hand and upper extremity disorders are utilized for arthritic complaints and there is no quality evidence demonstrating their efficacy or benefit in the initial postsurgical setting of a trigger finger release. The clinical request in this case would not be supported as medically necessary.

1 right ring trigger finger cortisone injection under ultrasound guidance: 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): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Forearm, wrist, hand procedure: Ultrasound (diagnostic)

Decision rationale: The California MTUS Guidelines, and supported by the Official Disability Guidelines, do not support a ring finger trigger injection under ultrasound guidance. While the ACOEM Guidelines support the use of trigger finger injections, the Official Disability Guidelines do not recommend the use of ultrasound guidance for this injection procedure as medically necessary. While there is some documentation that the use of ultrasound for guidance of the injection has improved placement of the needle and medication, there is currently no scientific evidence that demonstrates its efficacy or further benefit from the procedure with the use of ultrasound guidance for the treatment of trigger fingers. The request in this case for injection to include the use of ultrasound guidance would not be indicated.

1 pre-op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI) Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: California ACOEM Guidelines would not support the role of preoperative medical clearance. This individual underwent a trigger finger release procedure with no documentation of underlying comorbidities or medical issues that would require a preoperative work up. Typically, trigger finger procedures are performed under local or, at most, regional anesthetic. Without documentation of underlying medical or comorbid diagnosis, the request for preoperative medical clearance would not have been indicated.

1 purchase for cold therapy unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Forearm, Wrist and Hand Chapter: cold packs.

Decision rationale: California ACOEM Guidelines do not recommend the purchase of a cryotherapy device. Presently, there is no scientific literature that would support the use of a cryotherapy device following an outpatient procedure of a trigger digit release. While cryotherapy devices can be utilized postoperatively following some orthopedic procedures, the Official Disability Guidelines typically recommend its use for no more than seven days including home use in the postoperative. The purchase of the above device would, thus, not be supported given the nature of the surgical process in question and request that would clearly exceed seven days of use.