

Case Number:	CM14-0167551		
Date Assigned:	10/30/2014	Date of Injury:	02/16/2000
Decision Date:	12/05/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/10/2014

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 Minnesota. 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 55 year old female with bilateral hand and wrist pain and a right trigger thumb. She was injured on 2/16/2000. She underwent 2 carpal tunnel releases on the right hand and one on the left. She complains of increasing difficulty with the right thumb with a painful clicking sensation over the A1 pulley and locking of the thumb. The documentation does not indicate any corticosteroid injections. The disputed issues pertain to requested surgery on the right thumb including flexor tenosynovectomy of the 1st digit, exploration digital nerves, and A1 pulley release. Surgery was denied by UR for lack of documentation pertaining to a trial of corticosteroid injections for the trigger thumb as recommended by guidelines. Other disputed issues pertain to preoperative medical clearance, labs, EKG, Chest X-ray, post-operative cooling unit, CPM, home exercise kit, post-operative meds, physical therapy, and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Flexor tenosynovectomy, 1st digit; exploration digital nerves, 1st digit; A1 pulley release: 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: California MTUS guidelines indicate one or two injections of corticosteroids into or near the thickened area of the flexor tendon sheath of the affected finger are almost always sufficient to cure the symptoms of triggering and restore function. This has not been tried per available records. If injections give temporary relief and triggering recurs a release of the A1 pulley under local anesthesia may be necessary to permanently correct persistent triggering. The requested procedure is more extensive and may not be needed. The injections need to be tried before any invasive treatment can be recommended. Medical necessity of the requested procedure is therefore not established per guidelines.

Medical clearance with internist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The surgery is not medically necessary. Therefore medical clearance with the internist is also not medically necessary.

Chest X-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The surgery is not medically necessary. Therefore the Chest X-ray is also not medically necessary.

EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The surgery is not medically necessary. Therefore the EKG is also not medically necessary.

Pre-op Labs: CBC, PT/PTT, Chem 12, A1C, UA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The surgery is not medically necessary. Therefore the pre-op labs are also not medically necessary.

Pulmonary Function Tests (PFT): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The surgery is not medically necessary. Therefore the PFTs are also not medically necessary.

IFC Unit with supplies (months), qty. 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

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

Decision rationale: The surgery is not medically necessary. Therefore the requested IFC unit is also not medically necessary.

Micro Cool purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

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

Decision rationale: The surgery is not medically necessary. Therefore the requested Micro Cool purchase is also not medically necessary.

Home exercise kit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

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

Decision rationale: The surgery is not medically necessary. Therefore the requested home exercise kit is also not medically necessary.

DVT compression pump with sleeves (weeks), qty. 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The surgery is not medically necessary. Therefore the requested home exercise kit is also not medically necessary.

Brace with a CPM machine (weeks), qty. 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The surgery is not medically necessary. Therefore the brace with CPM is also not medically necessary.

Post-op physical therapy, qty. 12: Upheld

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

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

Decision rationale: The surgery is not medically necessary. Therefore the requested Physical Therapy is also not medically necessary.

Post-op acupuncture, qty. 12: Upheld

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

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

Decision rationale: The surgery is not medically necessary. Therefore the postop acupuncture is also not medically necessary.

Keflex 500mg, qty. 20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The surgery is not medically necessary. Therefore the post-operative Keflex is also not medically necessary.

Norco 5/325mg, qty. 60: Upheld

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

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

Decision rationale: The surgery is not medically necessary. Therefore the postop Norco is also not medically necessary.