

Case Number:	CM14-0169204		
Date Assigned:	10/17/2014	Date of Injury:	04/30/2013
Decision Date:	11/19/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/14/2014

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 Plastic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Oregon. 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 56-year-old male has undergone bilateral endoscopic carpal tunnel releases. He now complains of tenderness of the right long and ring fingers. Hand surgery consultation and trigger finger release are recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Othropic Consultation with [REDACTED] for the right hand: Overturned

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): 270.

Decision rationale: The patient has palmar pain and inability to make a complete fist. He may have a trigger digit. The diagnosis remains unclear. According to ACOEM Chapter 11, page 270, "Referral for hand surgery consultation may be indicated for patients who: Have red flags of a serious nature; Fail to respond to conservative management, including worksite modifications; Have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. Hand surgery referral is indicated to make a

diagnosis for the patient's palmar pain and inability to make a full fist. Therefore, the request is medically necessary.

Right hand surgery right 3rd and 4th Trigger Finger Release: 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 InterQual and ODG guidelines Kerrigan CL, Stanwix MG. Using evidence to minimize the cost of trigger finger care. J Hand Surg Am. 2009 Jul-Aug;34(6):997-1005. Peters-Veluthamaningal C, Winters JC, Groenier KH, Jong BM. Corticosteroid injections effective for trigger finger in adults in general practice: a double-blinded randomised placebo controlled trial. Ann Rheum Dis. 2008 Sep;67(9):1262-6

Decision rationale: According to the ACOEM guidelines Chapter 11, page 271 "One or two 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." The InterQual and ODG guidelines also recommend steroid injections as the initial treatment for trigger fingers. According to the ODG guidelines, "There is good evidence strongly supporting the use of local corticosteroid injections in the trigger finger. One or two 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...Steroid injection therapy should be the first-line treatment of trigger fingers in non-diabetic patients." A study by Kerrigan and Stanwix concluded that two steroid injections before undertaking surgical release was the most cost effective method of managing trigger finger. A prospective randomized placebo controlled study published in 2008 found that local injection of steroid is an effective and safe treatment for trigger finger. A study by Murphy et al found a 65% cure rate for a single steroid injection for trigger finger. The records do not document any contraindications for a steroid injection for this patient. The request is not medically necessary.