

<b>Case Number:</b>	CM14-0172642		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	08/01/2008
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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, has a subspecialty in Hand Surgery and is licensed to practice in 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 56-year-old female who reported an injury on 01/01/2008. The specific mechanism of injury was not provided. The medications were not provided. The injured worker underwent an MRI of the right wrist on 06/30/2008 which revealed a subchondral cyst in the lunate in the vicinity of the radiocarpal joint and triquetrum. The documentation indicated findings may represent Kienbock's disease or lunate impaction syndrome. The injured worker underwent an EMG/NCV of the bilateral upper extremities on 02/01/2011 which revealed there was a limited abnormal electrodiagnostic study of the bilateral upper extremities consistent with mild bilateral carpal tunnel syndrome, left greater than right. The injured worker underwent an MRI of the right wrist on 10/08/2014 which revealed an 8 mm ganglion cyst along the volar aspect of the wrist deep to the flexor tendons. There was apparent segmental thickening of the flexor retinaculum. There were focal subchondral cystic changes of the ulnar aspect of the lunate bone associated with mild degenerative changes of the triangular fibrocartilage that could reflect ulnar abutment syndrome. The injured worker had a resection of the volar ganglion cyst of the right wrist and a release of the carpal canal and decompression of the median nerve on 11/02/2012. The medications included ibuprofen. The documentation indicated the injured worker had undergone therapy, medications, injections, and rest. The most recent documentation submitted for review was dated 06/12/2014. The documentation indicated the injured worker had pain that was related to the thoracolumbar spine. There was a lack of documentation of findings associated to the right thumb. There was no Request for Authorization submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Trigger Finger Release, Right Thumb:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA Treatment Utilization Schedule (MTUS), the American College of Occupational and Environmental Medicine (ACOEM) Occupations medicine Practice Guidelines, APG 1 Plus, 2009: Trigger Finger Surgery

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicate that 1 or 2 injections of lidocaine and steroids 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 clinical documentation submitted for review indicated the injured worker had received injections. However, there was a lack of documentation indicating whether the injections were for the lumbar spine or the trigger finger. There was a lack of documentation of the injured worker's response to the injections. Given the above and the lack of documentation, the request for Trigger Finger Release, Right Thumb is not medically necessary.

**Associated surgical service: Post-op Physical Therapy:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated surgical service: Pre-operative visit:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.