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| Case Number: | CM14-0174508 | | |
| Date Assigned: | 10/27/2014 | Date of Injury: | 06/04/2008 |
| Decision Date: | 12/18/2014 | UR Denial Date: | 09/29/2014 |
| Priority: | Standard | Application Received: | 10/21/2014 |

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 Surgeon, has a subspecialty in Sports Medicine 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:

The injured worker is a 67-year-old female who reported an injury on 06/04/2008. The mechanism of injury was a trip and fall. The diagnoses include lumbar spine sprain/strain, disc herniation with radiculitis/radiculopathy, right thumb and wrist sprain/strain, arthritis/trigger finger thumb, right knee sprain/strain, internal derangement, medial meniscal tear, and severe degeneration. The previous treatments included medication, epidural steroid injections, physical therapy, and activity modification. Diagnostic testing included an unofficial x-ray dated 04/10/2014 of the right and left thumbs, which revealed mild to moderate degenerative disease of the first metacarpal joint bilaterally. There was no evidence of new or old fracture or dislocation. Within the clinical note dated 02/27/2014, it was reported that the injured worker complained of pain in her right triggered thumb that was getting worse and continued pain in her lumbar spine. The physical examination revealed tenderness to palpation of the right thumb with "parafinal" triggering. The range of motion of the lumbar spine was noted to be flexion at 45 degrees and extension 15 degrees. The injured worker had a positive straight leg raise test. The provider noted hypoesthesia at the anterolateral aspect of the foot and ankle of an incomplete nature noted at the L5-S1 dermatomal distribution. There was weakness in the big toe dorsiflexor and big toe plantar flexor. The provider requested an epidural steroid injection, since the previous injection gave a benefit of 55% to 60% pain improvement with reduction of pain medication, and a right trigger thumb release surgery, with preoperative labs CBC, PTT, PT/INR, and Chem 7. However, the rationale for the surgery was not submitted for clinical review. The Request for Authorization was submitted on 03/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Steroid Injection #3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The injured worker is a 67-year-old female who reported an injury on 06/04/2008. The mechanism of injury was a trip and fall. The diagnoses include lumbar spine sprain/strain, disc herniation with radiculitis/radiculopathy, right thumb and wrist sprain/strain, arthritis/trigger finger thumb, right knee sprain/strain, internal derangement, medial meniscal tear, and severe degeneration. The previous treatments included medication, epidural steroid injections, physical therapy, and activity modification. Diagnostic testing included an unofficial x-ray dated 04/10/2014 of the right and left thumbs, which revealed mild to moderate degenerative disease of the first metacarpal joint bilaterally. There was no evidence of new or old fracture or dislocation. Within the clinical note dated 02/27/2014, it was reported that the injured worker complained of pain in her right triggered thumb that was getting worse and continued pain in her lumbar spine. The physical examination revealed tenderness to palpation of the right thumb with "parafinal" triggering. The range of motion of the lumbar spine was noted to be flexion at 45 degrees and extension 15 degrees. The injured worker had a positive straight leg raise test. The provider noted hypoesthesia at the anterolateral aspect of the foot and ankle of an incomplete nature noted at the L5-S1 dermatomal distribution. There was weakness in the big toe dorsiflexor and big toe plantar flexor. The provider requested an epidural steroid injection, since the previous injection gave a benefit of 55% to 60% pain improvement with reduction of pain medication, and a right trigger thumb release surgery, with preoperative labs CBC, PTT, PT/INR, and Chem 7. However, the rationale for the surgery was not submitted for clinical review. The Request for Authorization was submitted on 03/13/2014.

Right trigger thumb release: Upheld

Claims Administrator 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-TWC Forearm, Wrist and Hand Procedure Summary

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

Decision rationale: Indicated for patients who have red flag diagnoses of a serious nature, have failed to respond to conservative treatment, and have clear clinical and special study evidence of a lesion. The guidelines also note that for trigger, 1 or 2 injections of lidocaine and corticosteroid 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. However, the clinical

documentation submitted for review failed to indicate the injured worker had red flag diagnoses of a serious nature. There is a lack of documentation indicating the injured worker had failed conservative therapy for her hand. Additionally, there is a lack of imaging studies submitted to corroborate the diagnosis to warrant the medical necessity for the request. Therefore, the request is not medically necessary.

Associated surgical service: Pre-operative labs: CBC,PTT,PT/INR, Chem 7: 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.