

Case Number:	CM14-0177909		
Date Assigned:	10/31/2014	Date of Injury:	06/20/2009
Decision Date:	12/15/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/27/2014

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 48-year-old male with a 6/20/09 injury date. The patient has cumulative trauma from pushing/pulling heavy machinery. In a 9/22/14 follow-up, there was continued pain and snapping in fingers of the right hand. Objective findings included extensor tendon subluxations ulnar ward on the index, long, and ring digits, and radial subluxation of the index extensor tendon. The doctor noted that previous sagittal band reconstruction had failed and believes the patient has congenital subluxations that have been aggravated by work. The doctor also indicated that there was right long finger triggering but a simple trigger release would not help in the presence of extensor tendon subluxation, therefore, a trigger release would need to be performed in combination with repeat sagittal band reconstruction/repair. Diagnostic impression: congenital extensor subluxation right index/long/ring fingers, right long finger triggering. Treatment to date: extensor tendon repair right long finger, occupational therapy, physical therapy, and medications. A UR decision on 10/8/14 denied the request for right long finger trigger release because it was not clear if this is primary triggering or triggering that is secondary to the snapping of the extensor tendon, and there was no note of prior attempt at injection for this digit. The request for right index, long, and ring finger sagittal band repair/reconstruction was denied because the patient has already failed prior sagittal band surgery. The requests for pre-op blood tests, EKG, and post-op therapy were denied because the associated procedures were not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right long finger trigger 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 Official Disability Guidelines (ODG): Forearm, Wrist, and Hand Chapter--Trigger finger

Decision rationale: CA MTUS states that 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. A procedure under local anesthesia may be necessary to permanently correct persistent triggering. In addition, ODG criteria for trigger finger release include subjective/objective findings consistent with trigger finger/thumb despite one or two injections of lidocaine and corticosteroids into or near the thickened area of the flexor tendon sheath of the affected finger. However, there are no documented exam findings of triggering or previous attempts at injection treatment. Therefore, the request for right long finger trigger release is not medically necessary.

Right index, long and ring finger sagittal band repair/reconstruction: 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): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Forearm, Wrist, and Hand Chapter--Tendon repair

Decision rationale: CA MTUS supports surgical intervention for patients who have failed attempts at conservative care and 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. In addition, ODG states that tendon repairs are recommended. Immediate surgical repair and early mobilization are essential in preventing adhesion formation and finger stiffness. However, the patient has already had sagittal band surgery to address the issue of extensor tendon subluxation and it failed. There is no discussion or rationale that explains how the next surgery will address the previous failure. Therefore, the request for right index, long and ring finger sagittal band repair/reconstruction is not medically necessary.

Pre-op blood tests and 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) Preoperative lab testing

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.

Post-Op Occupational therapy (OT) 2 x 4: 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.