

<b>Case Number:</b>	CM14-0178821		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	05/31/2013
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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:

According to the records made available for review, this is a 56-year-old female with a date of injury. At the time (10/16/14) of request for authorization for Right Hand Release of 1st (Thumb) Digit Trigger Finger, there is documentation of subjective (cervical spine, right shoulder, right wrist, hand, and thumb pain) and objective (mildly swollen first dorsal compartment, tenderness to palpitation over the base of the first finger, triggering of the first right finger, decreased grip strength of the right hand, and positive Phalen test) findings, current diagnoses (wrist tendinitis/bursitis, hand sprain/strain, cervical sprain/strain, and shoulder bursitis), and treatment to date (thumb spica, injections, and medications). There is no documentation of persistent pain at the wrist and limitation of function and failure of three to six months of additional conservative care (injection in the dorsal compartment, injection in the subcutaneous tissues just dorsal to the compartment, and a work evaluation).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Hand Release of 1st (Thumb) Digit Trigger Finger:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-7.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 259, 271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, Surgery for De Quervain's Tenosynovitis

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of persistent pain at the wrist, limitation of function, signs for De Quervain's tenosynovitis (tenderness over radial styloid, mass over radial styloid, crepitus, thick tendon sheath, Pain upon passive abduction, Triggering, Pain worse with ulnar deviation, thumb flexion, adduction, or stretch of first dorsal compartment (Finkelstein test)), as criteria necessary to support the medical necessity of De Quervain's release. ODG identifies documentation of failure of three to six months of conservative care (splinting, injection in the dorsal compartment, injection in the subcutaneous tissues just dorsal to the compartment, and a work evaluation), as additional criteria necessary to support the medical necessity of de Quervain's release. Within the medical information available for review, there is documentation of diagnoses of wrist tendinitis/bursitis, hand sprain/strain, cervical sprain/strain, and shoulder bursitis. In addition, there is documentation of signs for De Quervain's tenosynovitis (tenderness to palpitation over the base of the first finger and triggering of the first right finger). Furthermore, there is documentation of failure of three to six months of conservative care (splinting). However, there is no documentation of persistent pain at the wrist and limitation of function. In addition, there is no documentation of failure of three to six months of additional conservative care (injection in the dorsal compartment, injection in the subcutaneous tissues just dorsal to the compartment, and a work evaluation). Therefore, based on guidelines and a review of the evidence, the request for Right Hand Release of 1st (Thumb) Digit Trigger Finger is not medically necessary.