

<b>Case Number:</b>	CM14-0181453		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	03/24/2014
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 Hand Surgery and is licensed to practice in Texas. 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 42-year-old female who reported injuries due to repetitive and cumulative trauma on 03/24/2014. On 08/27/2014, her diagnoses included right third trigger finger and status post right shoulder arthroscopy and right elbow cubital tunnel release. Her complaints included constant aching of the right middle finger, hand, and wrist, described as sharp, shooting, and throbbing, aggravated with activity. Her pain traveled up her forearm with numbness and tingling in her right hand and fingers. There was swelling noted in the hand and fingers, and the palm of her right hand was tender to touch. She complained of weakness in her right hand, and experienced locking of the right middle finger. Her pain was increased with gripping and repetitive hand and finger movements, and awakened her at night. It was noted that physical therapy and pain medication provided her pain improvement, but she remained symptomatic. Her medications included ibuprofen 800 mg and a topical ointment. Her ranges of motion were measured with an electronic inclinometer. There was no atrophy or tenderness noted in the thenar, hypothenar, or intrinsic hand musculature. The radial pulses were present and equal bilaterally. Her ranges of motion were equal in all 5 digits of both hands. No triggering was noted in any digit. Range of motion was painful over the right third digit with mechanical block. Treatment options were discussed with this injured worker. 1 of the options was trigger finger injection in the A1 pulley, but she declined the injection, and wished to proceed with surgical intervention. A Request for Authorization dated 10/03/2014 was included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Surgery of right hand, release of 3rd digit trigger finger:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

**Decision rationale:** The request for Associated surgical service: Surgery of right hand, release of 3rd digit trigger finger is not medically necessary. The California ACOEM Guidelines note that 1 or 2 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 in trigger finger. A procedure under local anesthesia may be necessary to permanently correct persistent triggering. There was conflicting evidence in the evaluation performed on this injured worker. Inclinometer testing revealed equal ranges of motion in all 5 fingers of both hands, with no triggering noted. In the discussion, however, it was noted that there was triggering of the right third digit. The guidelines note that injections are first line therapy for trigger finger. The need for a surgical procedure was not clearly demonstrated in the submitted documentation. Therefore, this request for associated surgical service: Surgery of right hand, release of 3rd digit trigger finger is not medically necessary.