

Case Number:	CM14-0021171		
Date Assigned:	05/09/2014	Date of Injury:	08/01/2012
Decision Date:	07/10/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/20/2014

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 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 41-year-old female who reported an injury on 08/01/2012. The mechanism of injury was not provided in the clinical documentation submitted. The clinical note dated 01/16/2014 reported the injured worker complained of her thumb locking on a daily basis, requiring her to unlock her thumb herself. The injured worker underwent a cortisone injection which she stated provided 2 weeks of relief of pain. The injured worker reported wearing a brace which caused numbness and tingling, but the injured worker reported the brace was tolerable. Upon the physical exam, the provider noted a tender nodule on the right thumb and active trigger finger with locking and painful release. The provider noted the injured worker's right thumb range of motion and right wrist range of motion was decreased. The provider noted a positive Tinel's and Phalen's tests. The injured worker previously underwent conservative care which consisted of cortisone injections and bracing, as well as anti-inflammatory medications, shockwave therapy, and chiropractic care. The provider requested for a medical preop clearance, for 30 postoperative therapy sessions, 1 ice unit, and 1 bracing. The provider's rationale for the request was for long-term relief of pain. The request for authorization was provided and dated 01/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MEDICAL PER-OPERATIVE CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Surgery General Information and Ground Rules, CA Official Medical Fee Schedule, 1999 Edition, pages 92-93.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Preoperative testing, general.

Decision rationale: The injured worker complained of thumb locking on a daily basis requiring her to unlock it herself. The injured worker underwent a cortisone injection that provided 2 weeks of relief. The injured worker reported wearing a brace which caused numbness and tingling, but it was tolerable. The injured worker underwent prior therapies of conserve treatment including chiropractic care, shockwave therapy, anti-inflammatory medications and bracing, and a corticosteroid injection, all which did not provide long-term relief. The California Post-Surgical Treatment Guidelines recommend for trigger finger postsurgical treatment, 9 visits over 8 weeks. The guidelines also note initial course of therapy means one half of the number of visits specified in the general course of therapy for specific surgeries in postsurgical physical medicine treatment and recommendations. There is lack of documentation warranting the medical necessity of post-operative physical therapy. Additionally the injured worker has not yet been approved for surgery. The request submitted exceeds the guideline's recommendations of 9 visits over 8 weeks. Therefore, the request for 30 postoperative therapy sessions is not medically necessary and appropriate.

30 POST OPERATIVE THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 22.

Decision rationale: The injured worker complained of thumb locking on a daily basis requiring her to unlock it herself. The injured worker underwent a cortisone injection that provided 2 weeks of relief. The injured worker reported wearing a brace which caused numbness and tingling, but it was tolerable. The injured worker underwent prior therapies of conserve treatment including chiropractic care, shockwave therapy, anti-inflammatory medications and bracing, and a corticosteroid injection, all which did not provide long-term relief. The California Post-Surgical Treatment Guidelines recommend for trigger finger postsurgical treatment, 9 visits over 8 weeks. The guidelines also note initial course of therapy means one half of the number of visits specified in the general course of therapy for specific surgeries in postsurgical physical medicine treatment and recommendations. There is lack of documentation warranting the medical necessity of post-operative physical therapy. Additionally the injured worker has not yet been approved for surgery. The request submitted exceeds the guideline's recommendations of 9 visits over 8 weeks. Therefore, the request for 30 postoperative therapy sessions is not medically necessary and appropriate.

1 ICE UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, Cold/heat packs.

Decision rationale: The injured worker complained of thumb locking on a daily basis requiring her to unlock it herself. The injured worker underwent a cortisone injection that provided 2 weeks of relief. The injured worker reported wearing a brace which caused numbness and tingling, but it was tolerable. The injured worker underwent prior therapies of conserve treatment including chiropractic care, shockwave therapy, anti-inflammatory medications and bracing, and a corticosteroid injection, all which did not provide long-term relief. The Official Disability Guidelines recommend ice unit as an option for acute pain. The guidelines also note at-home local appliances of cold packs for the first few days of acute complaints, thereafter an application of heat or cold packs. The guidelines also note there is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function. There is a lack of medical necessity warranting the use of 1 ice unit. The injured worker has not been approved for the preoperative clearance nor surgery. Therefore, the request for 1 ice unit is not medically necessary and appropriate.

1 BRACING: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 1-188. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand Disorders, Occupational Medical Practice Guidelines (OMPG)-Evaluation & Management (E&M).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand, immobilization.

Decision rationale: The injured worker complained of thumb locking on a daily basis requiring her to unlock it herself. The injured worker underwent a cortisone injection that provided 2 weeks of relief. The injured worker reported wearing a brace which caused numbness and tingling, but it was tolerable. The injured worker underwent prior therapies of conserve treatment including chiropractic care, shockwave therapy, anti-inflammatory medications and bracing, and a corticosteroid injection, all which did not provide long-term relief. The Official Disability Guidelines do not recommend immobilization treatment as a primary treatment for undisplaced fractures or sprains, but recommended for displaced fractures. The guidelines also note immobilization and rest appear to be overused as treatment. The guidelines note early mobilization benefits include earlier return to work, decreased pain, swelling, and stiffness, and greater preserved range of joint motions, with no increased complications. The guidelines also

note early physical therapy, without immobilization may be sufficient for some types of undisplaced fractures. It was unclear whether the operative interventions, even for specific fracture types, will produce consistently better long-term outcomes. The guidelines also note there was some evidence that immediate physical therapy, without routine immobilization, compared with that delayed until after the recent immobilization resulted in less pain in both faster and potentially better recovery in patients with undisplaced two part fractures. There was a lack of clinical documentation indicating the need for an additional brace. The clinical documentation submitted indicates that the injured worker had been utilizing a brace. Therefore, the need for the request for 1 brace is not medically necessary and appropriate.