

Case Number:	CM14-0027493		
Date Assigned:	06/13/2014	Date of Injury:	02/08/2008
Decision Date:	08/13/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/04/2014

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 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 49-year-old male who reported an injury on 02/08/2008. The mechanism of injury was not specifically stated. The current diagnoses include right index, middle, and ring trigger finger; bilateral elbow tendinitis; bilateral carpal tunnel syndrome; status post right and left carpal tunnel release; status post cortisone injection into the right ring finger; status post left middle trigger finger release; ganglion cyst in the right wrist; status post left elbow lateral release and lateral epicondylectomy; complaints of depression; status post excision of the ganglion cyst in the right wrist; and status post right elbow lateral release with epicondylectomy. The injured worker was evaluated on 07/24/2013 with reports of ongoing locking/unlocking with pain in the right thumb and left index finger. The physical examination revealed positive tenderness at the right elbow, positive Cozen's testing bilaterally, and normal range of motion of the bilateral elbows. Treatment recommendations at that time included postoperative physical therapy for the right elbow and trigger finger release for the right thumb.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT THUMB TRIGGER POINT RELEASE: 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 California MTUS ACOEM Practice Guidelines state 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. A procedure under local anesthesia may be necessary to permanently correct persistent triggering. As per the documentation submitted for this review, there was no physical examination of the bilateral hands provided. There is no mention of a trial of Lidocaine and Corticosteroid injection prior to the request for a surgical procedure. Based on the clinical information received, the injured worker does not meet criteria as outlined by the California MTUS ACOEM Practice Guidelines for the requested procedure. As such, the right thumb trigger point release is not medically necessary.