

Case Number:	CM14-0045330		
Date Assigned:	06/27/2014	Date of Injury:	07/14/2003
Decision Date:	07/28/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/01/2014

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:

The claimant is a 59 year old female who sustained a right upper extremity injury on 07/14/03. The clinical records provided for review included a progress report dated 03/14/14 noting continued hand pain with triggering of the right index finger, constant in nature. Physical examination showed weakness of the digit with triggering and tenderness over the A 1 pulley. The recommendation was made for a trigger finger release of the right index finger and a prescription for Neurontin. The records documented that the claimant was status post prior surgical processes of bilateral carpal tunnel release, bilateral first dorsal extensor compartment release and documentation of "multiple trigger finger release" surgeries. There is currently no documentation of recent conservative treatment including prior injection therapy for the right index finger.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Surgery for the right index finger A-1 pulley release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270, 271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand (Acute & Chronic).

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

Decision rationale: Based on California ACOEM Guidelines, the request for A-1 pulley release for the index finger would not be indicated. While this individual is noted to have a prior history of trigger finger release procedures, there is no documentation of recent injections to the right index finger to support the acute need for operative intervention. ACOEM Guidelines recommend injection therapy prior to proceeding with surgery. This specific request in this case would not be indicated.

Neurotin 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Antiepilepsy drugs (AEDs), page 18.

Decision rationale: California MTUS Chronic Pain Guidelines do not support continued use of Neurontin. This individual carries the diagnosis of stenosing tenosynovitis and triggering of the right index finger. There is currently no indication of a neuropathic diagnosis or neuropathic presentation to the claimant's current complaints. The continued use of this agent would not be supported.