

<b>Case Number:</b>	CM14-0047299		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	09/30/2010
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 Plastic Surgery has a subspecialty in Hand Surgery and is licensed to practice in Oregon. 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:

This male complains of triggering of his left index finger. The triggering is worse at nighttime. Exam by [REDACTED] on 7/17/13 shows full range of finger motion and no pain over the flexor tendon sheaths. He has used Non-steroidal Anti-Inflammatory Drugs (NSAIDs) for other joint pains. Trigger finger release is requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger finger release ;left index finger:** 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 ; forearm ,wrist & hand.

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

**Decision rationale:** According to the ACOEM guidelines Chapter 11, page 271 one or two 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. The InterQual and the ODG guidelines also recommend steroid injections as the initial treatment for trigger fingers. According to the ODG guidelines there is good evidence strongly supporting

the use of local corticosteroid injections in the trigger finger. One or two 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. Steroid injection therapy should be the first-line treatment of trigger fingers in non-diabetic patients. A study by Kerrigan and Stanwix concluded that two steroid injections before undertaking surgical release was the most cost effective method of managing trigger finger. A prospective randomized placebo controlled study published in 2008 found that local injection of steroid is an effective and safe treatment for trigger finger. A study by Murphy et al found a 65% cure rate for a single steroid injection for trigger finger. The records do not document any contraindications for a steroid injection for this patient. The surgery is therefore not medically necessary because the guideline recommendations for conservative care (injections) prior to surgery have not been followed.