MAXIMUS Federal Services

Case Number:	CM14-0048445		
Date Assigned:	07/02/2014	Date of Injury:	05/11/2010
Decision Date:	09/23/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/16/2014

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 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 61-year-old female who reported an injury on 05/11/2010. The mechanism of injury involved repetitive activity. The injured worker is noted to have undergone a right carpal tunnel release and trigger finger release. Previous conservative treatment is noted to include medications and psychiatric treatment. Current diagnoses include status post right carpal tunnel release and trigger finger release and recurrent left carpal tunnel syndrome with triggering of the left index and little fingers. The latest physician progress report submitted for this review is documented on 05/03/2014. The injured worker presented with complaints of left hand numbness, tingling, and pain with triggering of the index and little fingers. It is noted that the injured worker is pending authorization for cataract surgery, scheduled on 05/06/2014. The physical examination revealed triggering of the left index and middle finger with a positive Tinel's and Phalen's sign and diminished grip strength. Treatment recommendations at that time included a left hand surgery to include carpal tunnel release and trigger finger release. There were no official imaging studies or electrodiagnostic reports submitted for this review. There was no Request for Authorization Form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carpel tunnel release left wrist: Upheld

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

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 surgical decompression of the median nerve usually relieves carpal tunnel symptoms. Carpal tunnel syndrome must be proved by positive findings on clinical examination and supported by nerve conduction studies. As per the documentation submitted, the injured worker does present with numbness, tingling, and pain in the left hand. The physical exam does reveal positive Tinel's and Phalen's signs. However, there is no mention of an attempt at any conservative treatment for the left upper extremity prior to the request for a surgical procedure. There were also no electrodiagnostic reports submitted for this review. As such, the request is not medically necessary and appropriate.

Trigger finger release left index and ring fingers: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 injection 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 of trigger finger. A procedure under local anesthesia may be necessary to permanently correct persistent triggering. As per the documentation submitted, the injured worker's physical examination does reveal triggering of the left index and middle fingers. However, there is no documentation of an attempt at any conservative treatment to include injections of lidocaine and corticosteroids. As such, the request is not medically necessary and appropriate.