

Case Number:	CM14-0067344		
Date Assigned:	07/11/2014	Date of Injury:	04/01/2010
Decision Date:	09/19/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/12/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 51-year-old female who reported injury on 04/01/2012 reportedly while working indoors sustained injuries to her forearms and bilateral elbows. The injured worker's treatment history included physical therapy, surgery, EMG/NCV, MRI, injections, x-rays, and medications. The injured worker was evaluated on 04/07/2014, as documented the injured worker complained of right middle finger pain, motion loss. Symptoms have not improved over the last few months. Constant right middle finger pain and stiffness, worse in the morning. The provider noted the injured worker stated it was improved with hot water application, exercises but never gets normal motion. It was aggravated with end range extension and flexion. Occasional daily episodes of tingling and numbness. Objective findings: range of motion was normal in the elbow, forearm, wrists, right/left flexion was 60/60, extension was 60/60, thumb and finger except right middle. Right middle tenderness to palpation misses mid palm by 2 cm, active range of motion was MCP 0/80 degrees, PIP 0/90 degrees, and DIP 0/50 degrees. Passive flexion right middle tip touches mid palm. All of the fingertips touch mid palm actively and passively. Thumb tips missed the 5th MCP joint area by 5 mm. Moderate tenderness right middle over A1 to palpation, end range active flexion and end range passive extension. Grip strength testing Jamar device, notch 2, right 40/34/34, left 54/62/55 pounds. Diagnoses included right middle trigger finger, post surgery, right middle flexor tendon adhesions, right carpal tunnel syndrome, and bilateral lateral epicondylitis, post-surgery. Medications included Norco. The Request for Authorization dated 01/14/2014 was for a right middle finger FDP/ FDS tenolysis. However, the rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Middle FDP/FDS Tenolysis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Percutaneous Release.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: According to the California MTUS/ACOEM Guidelines, surgical considerations for trigger finger may be indicated if the patient have the following; Have red flags of a serious nature Fail to respond to conservative management, including worksite modifications Have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and, especially, expectations is very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may aid in formulating a treatment plan. It also states that trigger finger injections should be no more than 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. A procedure under local anesthesia may be necessary to permanently correct persistent triggering. The documents submitted indicated the injured worker had had multiple injections with improvement, however her pain returns after a few months. The documents submitted indicated the injured worker has the injured worker has had multiple surgeries and treatment for her trigger finger with failed significant improvement. The provider note indicated the injured worker has had conservative care such as, physical therapy however, the outcome measurements were not submitted for this review. As such, the request for right middle FDP/FDS tenolysis is not medically necessary and appropriate.

Post-Operative Therapy (>24 visits): Upheld

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

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

Decision rationale: The California (MTUS) Chronic Pain Medical Guidelines state that post-Op Therapy for trigger finger is no more than 9 visits over 8 weeks over a period no more than 4 months. The guidelines states also states that synovitis and tenosynovitis is no more than 14 visits over 12 weeks no more than 6 months. The documents submitted indicated the injured worker has had multiple surgeries and treatment for her trigger finger with failed significant improvement. The request submitted will exceed recommended amount of visits per the guidelines. Additionally, the request submitted failed to indicate where the injured worker needs

post-Op physical therapy. Given the above, the request for post-Op therapy 24 visits is not medically necessary and appropriate.

Psychological and Functional Restoration Treatment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 107; 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program (FRPs), page(s) 49-50 & Behavioral Intervention, page(s) 23 Page(s): 23, 49-50.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines, state functional restoration programs are recommended although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional restoration programs (FRPs), a type of treatment included in the category of interdisciplinary pain programs, were originally developed by Mayer and were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive when compared to cohorts that did not receive an intensive program. That there is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves function of patients with low back pain. The evidence is contradictory when evaluating the programs in terms of vocational outcomes. The guidelines also indicate that intensive programs show greater effectiveness, in particular in terms of return to work, than less intensive treatment. There appears to be little scientific evidence for the effectiveness of multidisciplinary bio psychosocial rehabilitation compared with other rehabilitation facilities for neck and shoulder pain, as opposed to low back pain and generalized pain syndromes. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The documentation submitted indicated the injured worker had failed conservative care however, the outcome measurements were not submitted for this review. In addition, the provider failed to indicate injured worker long-term functional improvement goals. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, state cognitive behavioral therapy are for these Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: - Initial trial of 3 to 4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, total of up to 6 to 10 visits over 5 to 6 weeks individual sessions goals. The documents submitted failed to indicate lack of failed conservative care for the injured worker. There was no clinical evidence why the injured is requiring psychological treatment. Additionally, the request failed to indicate # of visits. Given the above, the request for psychological and functional restoration treatment is not medically necessary and appropriate.