

<b>Case Number:</b>	CM14-0070424		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	01/05/2012
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 Orthopedic Surgeon, Hand Surgeon 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 56-year-old female who reported an injury on 01/05/2012 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her left upper extremity and left foot and ankle. The injured worker was evaluated on 01/21/2014. It was noted that the injured worker had complaints of left middle finger triggering and locking. It was noted that the injured worker had undergone an injection that only provided temporary relief. Physical examination included a locked left middle finger in flexion with marked pain on attempts to straighten out and tenderness over the A1 pulley. The injured worker's diagnoses included a left middle finger trigger finger. A request was made for a left 3rd trigger finger release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left third trigger finger release:** Overturned

**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 ODG Forearm, Wrist, and Hand (Official Disability Guidelines).

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

**Decision rationale:** The requested left 3rd trigger finger release is medically necessary and appropriate. The American College of Occupational and Environmental Medicine recommends trigger finger release after 1 to 2 injections of Lidocaine and Corticosteroids have failed to provide significant symptom relief. The clinical documentation submitted for review does indicate that the injured worker did have relief from the initial injection provided by the physician. However, the restored function from the injection was temporary. As the injured worker has had a significant return in symptoms, surgical intervention would be indicated in this clinical situation. As such, the requested left 3rd trigger finger release is medically necessary and appropriate.