

<b>Case Number:</b>	CM14-0070614		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	07/30/2007
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/17/2014
<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 Occupational Medicine, 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:

According to the records made available for review, this is a 59 year-old male with a 07/30/2007 date of injury, and status post cervical spine surgery 02/25/2013, status post right carpal tunnel release 04/23/2013, and status post left carpal tunnel release 06/04/2013. At the time of request for authorization on 04/17/2014; steroid injections were given to the right long ring and little fingers' flexor sheath. There is documentation of subjective mild triggering beginning in the right little finger, some mild triggering in the left long and ring fingers, numbness in the right thumb. The objective indicates catching at the flexor sheath of the right little finger at the #1 annular pulley, catching of the left long and ring fingers. Current diagnoses include stenosing flexor tenosynovitis, right ring finger status post steroid injection to the flexor sheath on 06/04/2013 and 07/22/2013; still with slight triggering phenomenon, postoperative stenosing flexor tenosynovitis, left long finger with active triggering, mild stenosing flexor tenosynovitis, left ring finger, and developed post-surgery with mild triggering. Treatment to date includes medications, physical therapy, and right ring finger steroid injections on 06/04/2013 and 07/22/2013. There is no documentation of right long finger triggering, functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications as a result of previous injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Steroid injections to the right long ring and little fingers' flexor sheath:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The MTUS reference to ACOEM guidelines support one or two injections of lidocaine and corticosteroids into or near the thickened area of the flexor tendon sheath of the affected finger for the management of trigger finger. MTUS definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of stenosing flexor tenosynovitis, right ring finger status post steroid injection to the flexor sheath on 06/04/2013 and 07/22/2013, still with slight triggering phenomenon, postoperative stenosing flexor tenosynovitis, left long finger with active triggering, mild, stenosing flexor tenosynovitis, left ring finger, developed post-surgery, and with mild triggering. In addition, there is documentation of right little and ring finger triggering. However, there is no documentation of right long finger triggering. In addition, given documentation of two prior right ring finger steroid injections, there is no documentation of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications as a result of previous injections. Therefore, based on guidelines and a review of the evidence, the request for steroid injections to the right long, ring and little fingers' flexor sheath is not medically necessary.