

Case Number:	CM14-0071878		
Date Assigned:	07/16/2014	Date of Injury:	05/31/2008
Decision Date:	08/14/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/19/2014

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 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:

This 50-year-old male driver sustained an industrial injury on 5/31/08. Injury occurred when the ten-wheel truck he was driving hit a pothole and he was thrown into the air, landing hard in the cab. Past surgical history was positive for L4/5 and L5/S1 hemilaminectomy, discectomy, and foraminotomy on 6/23/09, spinal cord stimulator implantation on 7/8/11, right carpal tunnel release on 9/25/13, and left carpal tunnel release on 3/3/14. The 4/25/14 orthopedic progress report documented resolution of numbness and tingling following bilateral carpal tunnel releases. The patient reported increased low back pain radiating into his right leg and was ambulating with a walker. His right thumb, which he uses for the walker, now has symptoms of triggering, including catching and locking which wake him at night. Physical exam documented poor balance in gait, positive right thumb triggering, and mass present at the A1 pulley. The treatment plan recommended trigger release surgery. The 5/7/14 utilization review did not grant the request for right thumb trigger finger release based on an absence of documentation that injections had been tried and had failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Right Thumb Trigger Finger release: Upheld

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

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

Decision rationale: The ACOEM guidelines state that one to two injections of lidocaine and corticosteroids into or near the thickened area of the flexor tendon sheath of the affected finger are usually sufficient to cure symptoms and restore function. A surgical procedure may be necessary to permanently correct persistent triggering. Guideline criteria have not been met. Records indicate that right thumb triggering was first reported on 4/25/14. There is no documentation that corticosteroid injections have been tried and have failed. Therefore, this request for outpatient right thumb trigger finger release is not medically necessary.