

Case Number:	CM14-0078748		
Date Assigned:	07/21/2014	Date of Injury:	05/29/2013
Decision Date:	12/24/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/29/2014

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 Orthopaedic 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 58-year-old female assistant manager sustained an industrial injury on 5/29/13. Injury occurred while pushing a cabinet with a co-worker when she noticed lower back pain. A cumulative trauma injury was also reported to both hands and the low back due to repetitive work duties. The 2/12/14 treating physician report cited continued bilateral hand pain radiating to all fingers with reduced range of motion due to pain. Pain was present with any movement. Bilateral hand exam documented tenderness over the flexor digitorum superficialis of the middle, ring and small fingers and tenderness over the palmar surface of the hands. The patient was only able to make 80% of a full fist bilaterally. There was decreased sensation over the proximal interphalangeal and distal interphalangeal, left greater than right. There was also decreased sensation over the metocarpophalangeal joints of the middle, ring, and small fingers bilaterally with slight swelling of the left greater than right, middle finger. There was triggering noted over the middle and ring fingers. Medications were prescribed and a medical-legal exam was pending. The 2/13/14 electrodiagnostic studies demonstrated very mild bilateral distal median sensory neuropathy at the wrists. The 4/2/14 treating physician report cited complaints of triggering fingers in both hands. Physical exam documented triggering of the middle, ring, and little fingers with decreased sensation to the left little finger. The treatment plan requested authorization for consultation with a hand surgeon for bilateral trigger finger releases of the long and ring fingers. The 4/30/14 utilization review denied the request for surgical consult for trigger finger releases as there was no documentation of corticosteroid injection trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a hand surgeon as the AME indicated the need for bilateral trigger release of the long and ring finger; as well as post-operative care: 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): 271.

Decision rationale: The California MTUS guidelines for trigger fingers 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 almost always sufficient to cure symptoms and restore function. A surgical procedure may be necessary to permanently correct persistent triggering. Guideline criteria have not been met. There is no evidence that guideline-recommended corticosteroid injections had been tried and failed. The medical necessity of consultation with a hand surgeon, bilateral trigger finger releases, and non-specific post-operative care is not established at this time. Therefore, this request is not medically necessary.