

Case Number:	CM14-0079878		
Date Assigned:	07/18/2014	Date of Injury:	06/12/2009
Decision Date:	08/15/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/30/2014

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 59-year-old female small equipment operator sustained an industrial injury on 6/12/09. Injury occurred while pulling a wheeled cage filled with mail. Past surgical history was positive for carpal tunnel release in 2004, and deQuervain's release on 12/2/12. Records documented onset of a right ring trigger finger on 1/31/14. The 4/25/14 orthopedic report noted continued triggering and locking of the right 4th digit with no improvement following cortisone injection. Objective findings documented a tendon nodule of the A1 pulley, tenderness over the 1st extensor compartment, decreased right wrist range of motion, and positive Finkelstein's test. The treatment plan requested right 4th finger trigger finger release with possible tenosynovectomy and tenolysis with associated services and durable medical equipment. The 5/21/14 utilization review approved the surgical request. The request for 12 visits of post-op rehab therapy was modified and approved for 9 visits consistent with guidelines. The request for SurgiStim x 90 days was denied as there was no support for use after a trigger finger release, physical therapy was also requested, and there was no documentation of substance abuse. Home healthcare assistance was denied as there was no documentation of any medical treatment plan that would require skilled nursing after trigger finger surgery. The request for transportation was denied as there should not be a need after finger surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Rehab Therapy 3 times a week for 4 weeks: Upheld

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

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

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for trigger finger suggest a general course of 9 post-operative visits over 8 weeks during the 4-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have not been met. The 5/21/14 utilization review recommended partial certification of 9 post-op physical therapy visits consistent with guidelines. There is no compelling reason submitted to support the medical necessity of care beyond guideline recommendations and the care already certified. Therefore, this request for post-op rehab therapy 3 times a week for 4 weeks is not medically necessary.

Post-op Surgi-Stim times 90 days: 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): 265, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: The California MTUS guidelines state that transcutaneous electrotherapy (TENS) units have no scientifically proven efficacy in treating acute hand, wrist, or forearm symptoms. Guidelines support limited use of TENS unit in the post-operative period for up to 30 days. The SurgiStim unit provides a combination of interferential current, neuromuscular electrical stimulation (NMES), and galvanic current. NMES may be used in rehabilitating upper extremity muscles following stroke, as part of a comprehensive physical therapy program. Guidelines suggest that interferential current is not recommended as an isolated intervention. Galvanic stimulation is not recommended and considered investigational for all uses. The use of the SurgiStim unit for post-op care following a trigger finger release is not consistent with guidelines. Additionally, some of the modalities in this multi-modality unit are specifically recommended against. Therefore, this request for post-op SurgiStim for 90 days is not medically necessary.

Post-op Home Healthcare Assistance: 8 hours/day for the first Post-op week and followed by 4 hours/day 3 days/week for 4 weeks.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51. Decision based on Non-MTUS Citation Other Medical Treatment

Guideline or Medical Evidence: Medicare Benefits Manual (Rev. 144, 05-06-11), Chapter 7 - Home Health Services; section 50.2 (Home Health Aide Services).

Decision rationale: The California MTUS recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Medicare provides specific patient selection criteria for in home services, including the individual is confined to the home and the service must be prescribed and periodically reviewed by the attending physician. Additionally, the individual must be in need of skilled nursing care on an intermittent basis, or physical therapy or speech-language pathology; or have a continuing need for occupational therapy. Guideline criteria have not been met. The provider has requested these services to assist with initial incision care and dressing changes, grooming and dressing activities, activities of daily living, and home care (cooking, cleaning, and shopping activities). There is no evidence that the patient would be homebound following trigger finger surgery. There is no evidence of the need for intermittent skilled nursing care or physical therapy in the home environment. Therefore, this request for post-op home healthcare assistance: 8 hours/day for the first post-op week and followed by 4 hours/day 3 days/week for 4 week is not medically necessary.

Transportation to and from all medical appointments: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79-80.

Decision rationale: The California MTUS and Official Disability Guidelines do not specifically address the medical necessity of transportation. The ACOEM state that nonmedical issues should be managed by the provider. These issues can be handled in the same way as a regular medical specialist referral, using a network of resources when non-medical issues are involved. This request is non-specific relative to the level of services, frequency/duration of transportation being requested. There is no basis to establish medical necessity for transportation in a patient undergoing a trigger finger release. There was no reason why private or public transportation would be inaccessible. Therefore, this request for transportation to and from all medical appointments is not medically necessary.