

Case Number:	CM14-0088480		
Date Assigned:	07/23/2014	Date of Injury:	05/14/2010
Decision Date:	10/09/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/12/2014

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, has a subspecialty in Hand Surgery, 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 54-year-old female who reported an injury on 05/14/2010 due to an unknown mechanism of injury. The injured worker underwent right carpal tunnel release and ultimately developed complex regional pain syndrome. The injured worker's treatment history included immobilization, massage, heat therapy, a spinal cord stimulator trial, and sympathetic blocks. The injured worker was evaluated on 05/07/2014. It was documented that the injured worker was experiencing significant pain and loss of function of the hand. It was noted that the injured worker's therapeutic goals were not being met and surgical intervention was being requested. The request was made for a trigger left thumb release, SPRIX spray, and postoperative occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger left thumb release: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines

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

Decision rationale: The American College of Occupational and Environmental Medicine recommends surgical intervention under local anesthesia to correct persistent triggering. The injured worker has failure to respond to at least 1 to 2 injections of lidocaine and steroids. The clinical documentation submitted for review does indicate that the injured worker has failed multiple treatment modalities. However, there is no documentation that the injured worker has undergone corticosteroid injections to the flexor tendon sheath to assist with restoration in function. Therefore, the need for surgical intervention is not supported at this time. As such, the request for trigger left thumb release is not medically necessary and appropriate.

Sprix spray 40 for 5 days: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Occupational 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: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.