

Case Number:	CM14-0099515		
Date Assigned:	07/30/2014	Date of Injury:	04/23/2007
Decision Date:	08/29/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/30/2014

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 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:

The claimant is a 43-year-old female who injured her bilateral upper extremities in a work related accident on 04/23/07 due to repetitive use of the hands at work. The claimant is noted to be status post bilateral De Quervain's first dorsal extensor compartment release procedures as well as status post left trigger thumb release. Current clinical records for review include the May 8, 2014 progress report that notes continued complaints of hand pain that is worse with activities. It states the claimant is status post a left middle digit trigger finger injection with only minimal improvement. Examination shows diminished range of motion to the wrist, positive tenderness over the A1 pulley's of the middle digits bilaterally. Recommendations at that time were for continuation of splinting, medication management and therapy and a request for authorization for surgical release of the middle finger on the right followed by surgical release of the middle finger on the left at the A1 pulley. There is no documentation of injection therapy to the claimant's right middle finger with one prior injection having been performed to the left middle digit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left Middle Trigger Finger Release: Upheld

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

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

Decision rationale: Based on California ACOEM Guidelines, trigger finger release of the left middle digit would not be warranted. California ACOEM Guidelines recommend the role of conservative care including multiple prior injections to the digit before proceeding with operative intervention. This individual has obtained one isolated injection with no significant benefit. Given the documentation of other concordant diagnoses including carpal tunnel syndrome and De Quervain's syndrome, the use of conservative care should be maximized for this individual's digit. Without documentation of multiple current injections, the role of surgical procedure for A1 pulley release to the left middle finger would not be supported, therefore, not medically necessary and appropriate.

1 Right Middle Trigger Finger Release: Upheld

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

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

Decision rationale: California ACOEM Guidelines would not support surgery to the right middle finger. While the claimant is with a working diagnosis of trigger digit, there is no indication of prior injection therapy or conservative measures to the right middle finger as recommended by ACOEM Guidelines. Without this documentation the role of operative intervention cannot be supported as medically necessary.