

Case Number:	CM14-0113362		
Date Assigned:	09/16/2014	Date of Injury:	07/09/2010
Decision Date:	01/02/2015	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/18/2014

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 injured worker is 42years old injured with a reported injury of July 9, 2010. July 23, 2014 demonstrates that the symptoms are returning after a stellate ganglion block. Objective findings include a keloid scar across the MCP joint of her digit of left hand with reported trigger finger. An exam note dated 6/26/2014 demonstrates relief of symptoms following stellate ganglion block in terms of sensation and pain relief. A physical exam demonstrates contracted keloid scar across the MCP joint left hand with lacking 30 of flexion and 60 of flexion demonstrates a trigger finger. A review of records demonstrates that the claimant has undergone 2 open trigger finger releases and surgeries to help contraction of the third digit with decreased range of motion and no resolution. No attached occupational therapy visits demonstrating aggressive therapy are noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left hand Y_V plasty palmar scar surgery and trigger finger release of 3rd digit: Upheld

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

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

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11, Forearm, Wrist and Hand Complaints, page 270, Referral for hand surgery consultation may be indicated for patients who:- Have red flags of a serious nature- Fail to respond to conservative management, including work-site modifications- Have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and, especially, expectations is very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may aid in formulating a treatment plan. In this case the exam note from 7/23/14 does not demonstrate any evidence of red flag condition or clear lesion shown to benefit from surgical intervention for a third time. There is lack of demonstration of failure of aggressive occupational therapy to warrant surgical intervention in this case. Therefore the determination is not medically necessary.