

Case Number:	CM14-0186518		
Date Assigned:	11/14/2014	Date of Injury:	11/30/2012
Decision Date:	01/05/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/10/2014

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 Plastic & Reconstructive Surgeon and is licensed to practice in Maryland, Virginia & North Carolina. 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:

According to the records, the patient is a 50 year old female with a reported date of injury on 11/30/12 who requested trigger finger release of the right long finger, post-operative physical therapy 2 x 4 and preoperative clearance on 10/22/14. She is noted to have undergone previous trigger finger release. Progress report dated 4/24/14 notes that the patient is seen in follow-up of her right hand. She complains of pain and tenderness of the right hand. Electrodiagnostic studies reveal no nerve damage. She takes Naproxen for her pain. Recommendation is made for physical therapy, which was approved (3x4 visits). Progress report dated 5/29/14 notes that the patient is seen for right hand pain and is undergoing recommended physical therapy. Hand therapy notes are provided which document a tender volar 3rd metacarpal joint and that the hand is stiff. The patient is noted on 7/23/14 to have completed 12 out of 12 visits. Progress report dated 8/25/14 notes that the patient has right hand/wrist pain that had completed physical therapy a month ago. The patient's pain level is back to its original state. X-rays show no mild soft tissue swelling. Recommendation is made for physical therapy 3x4 and alternating heat and ice. RFA dated 8/29/14 notes a diagnosis of right hand pain and triggering with a request for physical therapy 3 x 4, which was certified. Progress report dated 10/9/14 notes that the patient is seen in follow-up of right hand/wrist pain and stiffness. She has weakness and limited range of motion. The patient has just begun physical therapy. Recommendation is made for right long finger trigger finger release. Physical therapy note dated 10/15/14 notes that the patient was a no show for her 4th out of 12 visits. Utilization review dated 10/29/14 did not certify the procedure. Reasoning given was that physical therapy had just begun and a reasonable trial had not been completed. In addition, there was no evidence of a steroid injection having been performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger finger release of the right long finger: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270 - 271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Shoulder Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 271.

Decision rationale: The patient is a 50 year old female with a history of chronic right hand and wrist pain. A request was made for right long finger trigger finger release. However, based on the medical documentation provided, there is not a definitive diagnosis of right long trigger finger evident. There is no documentation of triggering on patient subjective complaint or physical examination. In addition, the patient had not completed recently recommended physical therapy. She only had attended 3 out of the 12 visits as of the date of the last physical therapy documentation. Further, there is no documentation of an attempted steroid injection. From ACOEM, Forearm, wrist and hand complaints page 265 notes: Trigger finger, if significantly symptomatic, is probably best treated with a cortisone/anesthetic injection at first encounter, with hand surgery referral if symptoms persist after two injections by the primary care or occupational medicine provider (see Table 11-4). Further from page 271, one or 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 procedure under local anesthesia may be necessary to permanently correct persistent triggering. Thus, based on the ACOEM recommendations, right long finger trigger release in this patient should not be considered medically necessary. The diagnosis has not been adequately supported in the provided medical documentation, the patient had not completed prescribed physical therapy and there had not been documentation of a recent steroid injection. Therefore the request is not medically necessary.

Associated Surgical Service: Post-operative physical therapy for the right long finger, twice weekly for four 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.

Associated Surgical Service: Pre-operative medical clearance with family medicine physician (CBC, CMP, PT/PTT, UA, EKG, chest X-ray): 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.