

Case Number:	CM14-0189058		
Date Assigned:	11/19/2014	Date of Injury:	08/23/2010
Decision Date:	02/03/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/12/2014

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 a 60-year-old male who reported an injury on 08/23/2010. The mechanism of injury was work-related repetitive motion. His diagnoses include right index, middle, and small finger A1 pulley releases. His past treatments include postsurgical occupational therapy. The diagnostic studies were not provided within the documentation. His surgical history includes right index, middle, and small finger A1 pulley releases on 08/15/2014. On 09/10/2014, the injured worker's right hand range of motion was noted to be index finger MCP/PIP/DIP flexion of 85/85/55 degrees; middle finger MCP/PIP/DIP flexion of 85/85/65 degrees and extension -15 degrees; and small finger MCP/PIP/DIP flexion of 45/90/65 degrees. A re-evaluation was completed on 10/08/2014, and the range of motion was noted to be index finger MCP/PIP/DIP flexion of 85/100/55 degrees; middle finger MCP/PIP/DIP flexion of 85/105/70 degrees and extension -15 degrees; and small finger MCP/PIP/DIP flexion of 75/100/70 degrees. On 11/14/2014, the patient presented with right hand pain, specifically at the surgical sites, with swelling and "lumpiness." The injured worker also reported that he did not feel the "catching" as he did in a previous clinical visit. The objective findings revealed no evidence of triggering in the middle and small fingers, a trace of tenosynovitis in the middle finger surgical site, and tenderness to palpation over the surgical site of his middle finger. His wrist was noted to be stable and unchanged. The treatment plan was noted to include a discussion between the physician and the injured worker, advising the "swelling and pain in his fingers were normal and should continue to improve." The physician also felt that the requested corticosteroid injections were not necessary. The rationale for the request was to resolve recurrent catching with corticosteroid injections and decrease discomfort in his right hand through continued occupational therapy. The Request for Authorization form was submitted for review on 10/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Occupational therapy x 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 and 99.

Decision rationale: The request for Continue Occupational therapy x6 visits is not medically necessary. The California MTUS Guidelines recommend 9 to 10 visits of physical/occupational therapy over 8 weeks for the treatment of myalgia and myositis. The documentation indicates the injured worker had previously received occupational therapy visits. However, there was a lack of documentation to quantify the number of visits received, as well as a lack of documentation to show objective functional improvement and objective pain relief were achieved during previous treatment. Moreover, there was a lack of documentation to show recent objective functional deficits. Therefore, in the absence of this documentation, the request is not supported by the evidence-based guidelines. As such, the request to continue Occupational Therapy x6 visits is not medically necessary.

Steroid injections for right middle and small finger- 2 injections total: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute on-line; Official Disability Guidelines- Treatment in Workers Comp; Integrated Treatment/ Disability Duration Guidelines. Forearm, Wrist, Hand (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

Decision rationale: The request for steroid injections for right middle and small finger- 2 injections total is not medically necessary. The California MTUS/ACOEM Guidelines recommend corticosteroid injections for mild to moderate cases of carpal tunnel syndrome, DeQuervains syndrome, tenosynovitis, or trigger finger. The documentation showed objective findings of trigger finger and mild palpable "catching" in 10/2014. However, during a clinical visit in 11/2014, there were no objective findings of trigger finger or catching, and there was only a trace of tenosynovitis in the middle finger. Additionally, the physician noted steroid injections were not necessary as the injured worker's post-surgical condition was normal and should continue to improve. Therefore, in the absence of significant objective findings to warrant corticosteroid injections and based on the physician's recommendation, the request is not supported. As such, the request for Steroid injections for right middle and small finger- 2 injections total is not medically necessary.

