

Case Number:	CM14-0190852		
Date Assigned:	11/24/2014	Date of Injury:	02/18/2000
Decision Date:	01/09/2015	UR Denial Date:	10/25/2014
Priority:	Standard	Application Received:	11/17/2014

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 and Reconstructive Surgery and is licensed to practice in Maryland, Virginia, and 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:

The patient is a 56 year old male with a reported date of injury on 2/18/2000 who requested 3 PRP injections to the left wrist, as well as 3rd and 4th trigger finger release. He is noted to have chronic bilateral wrist pain with previous bilateral carpal tunnel release and left hand trigger finger release. He had been treated with pain medications and a home exercise program. The most recent documentation from 10/7/14, notes that the patient has severe left wrist pain that is not better and that the patient is not working. Examination notes a tender, stiff wrist. Diagnoses include trigger finger, carpal tunnel syndrome and sprain of the wrist. Recommendation is made for trigger finger release of the 3rd and 4th fingers, as well as PRP injection to the left wrist x 3. UR dated 10/25/14 did not certify the injections or the trigger finger releases, stating that PRP injection is not indicated except for research study and that 'treatment of the elbow, wrist and hand is not recommended.' For the trigger finger release, there has not been documentation of a steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three PRP injections to the left wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand (Acute and Chronic) Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and hand, Platelet rich plasma (PRP)

Decision rationale: The patient is a 56 year old male with chronic left wrist pain who had previously undergone carpal tunnel release. A request was made for 3 injections with PRP. However, the medical documentation to support this intervention is lacking. A recent detailed examination of the patient's left wrist was not provided in the medical documentation reviewed, as well as recent management. In addition, as documented in the UR based on ODG guidelines, PRP is not recommended as treatment, except in a research setting. Treatment of the elbow, wrist and hand is not recommended. Therefore, PRP injections are not medically necessary.

Trigger finger release for the third and fourth fingers: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 171, 173.

Decision rationale: The patient is a 56 year old male with a stated diagnosis of trigger finger. However, there is no documentation provided in this review to support the diagnosis or that a recent steroid injection had been attempted. Therefore, the procedure should not be considered medically necessary. 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 and surgical considerations are warranted after failure of non-operative management, which includes an initial injection of a steroid. Therefore based on the guidelines and documentation the request is not medically necessary.