

Case Number:	CM14-0199288		
Date Assigned:	12/09/2014	Date of Injury:	07/18/2013
Decision Date:	01/27/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/26/2014

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 49-year-old female who reported an injury of an unspecified mechanism on 07/18/2013. On 11/07/2014, her diagnostic assessment included right middle finger pain, right upper extremity overuse syndrome, and right middle finger stenosing tenosynovitis. Her complaints included pain in the right middle finger described as throbbing, shooting, sharp, and radiating. She noted that the pain was more severe when she was active and less pain at rest. Although her grip strength was decreased in her right hand, her ranges of motion of the entire right upper extremity, including all fingers, were within normal limits. Her treatment plan included a statement that she was an appropriate candidate for surgical intervention as she had failed an injection to the right middle finger as well as restrictions and therapy. There was no Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Middle Finger A1 Pulley Release; Digital Block with Marcaine 20 CC: 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)

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

Decision rationale: The request for right middle finger A1 pulley release; digital block with Marcaine 20 cc is not medically necessary. The California ACOEM Guidelines note that referral for hand surgery consultation may be indicated for patients who have red flags of serious pathology, have failed to respond to conservative management, and have clear clinical and special study evidence of a lesion that has been shown to benefit in both the long and short term from surgical intervention. For trigger fingers, 1 or 2 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. It was noted upon examination that this injured worker had no locking of the right middle finger. There was tenderness to palpation at the base of the right middle finger over the A1 pulley area with a palpable nodule. Although the documentation noted an injection had been given, the type and location of the injection were not specified. Additionally, although physical therapy was mentioned in the narrative, there was no documentation of changes in pain and functional abilities with the physical therapy. There was no documentation of any pharmacotherapy submitted with the documentation. There was no documentation of failed trials of acupuncture or chiropractic treatment. There was no documentation of 2 injections of lidocaine and corticosteroids into the flexor tendon sheath of the affect finger. The clinical information submitted failed to meet the evidence based guidelines for the request procedure. Therefore, this request for right middle finger A1 pulley release; digital block with Marcaine 20 cc is not medically necessary.

Postoperative Physical Therapy 3 Times A Week for 4 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.

Postoperative Cold Therapy Unit Rental for 14 Days: 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.

Preoperative Clearance: 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.