

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0206894 | | |
| Date Assigned: | 12/18/2014 | Date of Injury: | 08/23/2013 |
| Decision Date: | 02/09/2015 | UR Denial Date: | 11/17/2014 |
| Priority: | Standard | Application Received: | 12/10/2014 |

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 Surgery and is licensed to practice in Maryland. 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 38 year old male with a reported date of injury on 8/23/13 who requested trigger releases of the left index and long fingers. He is noted to have left carpal tunnel syndrome, supported by electrodiagnostic studies. UR dated 11/17/14 did not certify the procedures stating that there has not been documentation of a steroid injection to the trigger fingers in question.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open Left index & Long Trigger Finger Release: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 271, 273.

Decision rationale: The patient is a 38 year old male with evidence of left carpal tunnel syndrome and a request for trigger release of the left index and long fingers. However, there is minimal supporting documentation to confirm the diagnosis and there is no documentation of any steroid injections. Overall, there was limited medical documentation provided for this review. 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. Further from page 273, table 11-7, surgical considerations are warranted after failure of non-operative management, which includes an initial injection of a steroid. Thus, without sufficient documentation of the patient's triggering and evidence of failure of conservative management including a steroid injection, this should not be considered medically necessary.