

Case Number:	CM14-0207749		
Date Assigned:	12/19/2014	Date of Injury:	04/24/2014
Decision Date:	03/06/2015	UR Denial Date:	11/14/2014
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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 47-year-old female when seen October 28, 2014 by [REDACTED] reported gradually worsening numbness, tingling and pain, left worse than right hands with symptoms worse at night. The claimant does assembly work. Previous treatment included physical therapy, wrist support, Vicodin, Tylenol and acupuncture. Topical patches have been tried. Carpal tunnel injection aggravated the symptoms. An electrodiagnostic study indicated carpal tunnel, left worse than right. On physical examination, [REDACTED] noted decreased sensibility fingertips to light touch. There was a markedly positive Tinel's median nerve left, a positive Phalen's left, [REDACTED] then recommended a carpal tunnel release to address the fairly significant carpal tunnel syndrome. On physical examination, the claimant did also have flexor tendon sheath at the index finger tenderness. No triggering phenomena identified and no mass was identified. [REDACTED] indicated with the history or triggering and a possible allergy to cortisone injections, a trigger finger release was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger release left index finger: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: According to the ACOEM guidelines Chapter 11, 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." The patient did not have any actual triggering on examination, and the patient was not given a steroid injection because of a questionable history of a prior reaction to cortisone. Allergies to cortisone are exceptionally rare, and in fact, cortisone is used to treat allergies as it is an anti-inflammatory medication. Treatment with a steroid injection prior to proceeding with surgery is reasonable and therefore surgery should not be approved.