

Case Number:	CM14-0046862		
Date Assigned:	07/02/2014	Date of Injury:	03/18/2014
Decision Date:	01/26/2015	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/14/2014

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, has a subspecialty in Reconstructive Surgery and is licensed to practice in Virginia. 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 46 year old male with a reported date of injury on 3/18/14 who requested trigger finger release on the left followed by the right. He is noted to complain of triggering/locking of the right ring and left long fingers. He is documented to have undergone previous steroid injections to the trigger fingers twice in the last several years with some initial improvement. Examination notes tenderness at the base of the left middle and right ring fingers without active triggering. Plan was for left middle finger trigger release followed by right ring finger trigger release. Request for authorization dated 3/19/14 does not provide specific fingers for release, although additional documentation. UR review dated 3/26/14 did not certify the procedure as the provided documentation did not clarify the specific fingers that are designated for surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

2- trigger finger release (left) first followed by right: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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 46 year old male with evidence of triggering of the left long finger and right ring fingers. He is well-documented to have failed conservative management of steroid injections to both fingers. His examination is consistent with painful triggering, although he did not demonstrate active triggering on exam but did on history. 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, as the patient has symptomatic triggering that has failed conservative management of injections, trigger finger release of the left long and right ring finger should be considered medically necessary.