

<b>Case Number:</b>	CM14-0092133		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	05/31/2006
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency Medicine

### 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 51 year old male sustained an industrial injury on 5/31/06, with subsequent ongoing low back pain. The injured worker later developed right trigger thumb. The Injured worker underwent hemilaminectomy, discectomy and foraminotomy (6/23/09), right carpal tunnel release (9/25/13) and left carpal tunnel release (3/3/14). Other treatment included epidurals, spinal cord stimulator, shock wave treatment and medications. In a postoperative appointment dated 4/25/14, the injured worker was doing well with numbness and tingling to left hand resolved. The injured worker reported increasing back pain and symptoms of right thumb triggering due to using a walker for ambulation. On 5/29/14, Utilization Review noncertified a request for outpatient right thumb trigger release noting lack of conservative treatment for trigger thumb and citing ACOEM Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient right thumb trigger release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 271, 271.  
 Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist, & Hand Chapter.

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

**Decision rationale:** Guidelines recommend trigger release when symptoms persist after steroid injection and failed conservative measures. In this case, the clinical documents fail to indicate the patient has undergone sufficient conservative treatment of the finger including steroid injections. Thus, the request for right finger trigger release is not medically necessary and appropriate.