

Case Number:	CM15-0004297		
Date Assigned:	01/15/2015	Date of Injury:	07/24/2012
Decision Date:	04/10/2015	UR Denial Date:	12/25/2014
Priority:	Standard	Application Received:	01/08/2015

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic 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:

The injured worker is a 52 year old female, who sustained an industrial injury on 07/24/2012. On provider visit 12/10/2014, she has reported bilateral upper extremity discomfort with pain and numbness through bilateral hands. The diagnoses have included right cubital tunnel syndrome with medial epicondylar symptoms, right carpal tunnel syndrome, left thumb stenosing tenosynovitis or trigger finger status post left carpal tunnel release and ulnar nerve surgery in the past. Treatment to date has included left carpal tunnel release and elbow surgery in 1998. Treatment plan included a left thumb trigger release. On 12/23/2014 Utilization Review non-certified left thumb trigger release. The CA MTUS, ACOEM Guidelines were cited. Trigger release of the left thumb was not certified, as there was not documentation of a previous steroid injection. The patient could undergo a steroid injection but elected to not have one performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Thumb trigger release: Upheld

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

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

Decision rationale: The patient is a 52-year-old female with evidence of a left trigger thumb. However, the guidelines are specific with conservative management. From page 271, ACOEM Chapter 11, 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. As stated, steroid injections should be attempted prior to surgical correction. This has not been documented as well as any contraindications. Thus, left trigger thumb release should not be considered medically necessary.