

Case Number:	CM15-0100635		
Date Assigned:	06/03/2015	Date of Injury:	04/05/2012
Decision Date:	07/09/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/26/2015

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: California, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic 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 58 year old female, who sustained an industrial injury on April 5, 2012. The mechanism of injury was repetitive work associated with her employment. The injured worker has been treated for neck, shoulder and bilateral upper extremity complaints. The diagnoses have included cervical spine sprain/strain, shoulder bursitis, bilateral carpal tunnel syndrome, lumbar spine sprain/strain, cervical enthesopathy, cervicocranial syndrome, cervical degenerative disc disease, bilateral rotator cuff syndrome, right lateral epicondylitis, complex regional pain syndrome, right radial tunnel syndrome, thoracic spine sprain/strain, thoracalgia, stenosing tenosynovitis with triggering, both middle fingers, anxiety and headache. Treatment to date has included medications, radiological studies, MRI, electrodiagnostic studies, physical therapy and a psychological evaluation. Current documentation dated March 30, 2015 notes that the injured worker reported bilateral upper extremity pain involving the shoulders, elbows, wrists and hands, worse on the right. Associated symptoms included numbness and tingling on the hand, worse on the right. She also noted neck pain radiating to the upper back region. Examination revealed tenderness top palpation of the shoulders, elbows, wrists and hands worse on the right side. Sensation to light touch was noted to be decreased in the bilateral hands, worse on the right. An electrodiagnostic study done was noted to be abnormal. The treating physician's plan of care included a request for an A-1 pulley release of the left middle finger.

IMR ISSUES, DECISIONS AND RATIONALES

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

A-1 pulley release left middle finger: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hand and wrist.

Decision rationale: CAMTUS/ACOEM is silent on the issue of surgery on trigger finger (stenosing tenosynovitis). Per ODG surgery is recommended if symptoms persist after steroid injection. In this case there is no evidence of injection therapy documented in the exam notes. Non-surgical therapy has not been in keeping with guidelines prior to surgical consideration. Based on this the request is not medically necessary.