

<b>Case Number:</b>	CM15-0101105		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	05/01/2009
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	05/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 male, who reported industrial injuries on multiple dates. The injured worker was diagnosed as having three-level cervical discopathy, left wrist tendinitis, L5-S1 disc herniation, sleep disturbance, anxiety, depression and trigger finger right long finger. Treatment to date has included oral medications including Vicodin, Valium, Gabapentin, Omeprazole, Tizanidine and Pantoprazole; intramuscular pain injections, cervical epidural steroid injections, activity restrictions, physical therapy and home exercise program. Currently on March 17, 2015, the injured worker complains of stabbing pain with pins and needles sensation in the low back rated 7/10 rated 7-10, stabbing pain in right leg extending t the right foot as well as pins and needles sensation in bilateral legs rated 5-10 and aching pain in the right hand and wrist rated 9-10. He notes the triggering of right hand started following the use of a cane for gait assistance. Physical exam dated March 17, 2015 noted a slow, antalgic gait, cervical spine midline and right paracervical muscle tenderness and spasm on palpation with painful overhead reach and right rotation, decreased strength, triggering of right long finger with a palpable nodule at A1 pulley and reduced lumbar range of motion with weakness on straight leg raise 3-5, decreased sensation of L5-S1 sensation and the injured worker has a lumbar support. The treatment plan and requests for authorization dated March 17, 2015 included pre-operative clearance, right hand trigger finger release of the right long finger at A1 pulley, post-operative physical therapy to right hand, Norco 10-325mg #60, Duracef 500mg, Zofran 8mg #10, orthopedic re-evaluation and retrospective intramuscular injection of Toradol.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Right Hand Trigger Finger Release of The Right Long Finger at The A1 Pulley: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

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

**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 the triggering has not been treated with corticosteroid injection as documented in the exam of 3/17/15. Therefore the request is not medically necessary.

### **Pre-Op Clearance: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

### **8 Post-Op Physical Therapy Visits: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

### **Duricef 500 MG: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**10 Zofran 8 MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated Surgical Service: Intramuscular Injection of 2 CC of Toradol:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.