Case Number:	CM15-0101593		
Date Assigned:	06/04/2015	**Date of Injury:**	04/18/2014
Decision Date:	09/01/2015	**UR Denial Date:**	04/22/2015
Priority:	Standard	**Application Received:**	05/27/2015

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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

The injured worker (IW) is a 56-year-old female who sustained an industrial injury on 04-18-2014. Diagnoses include right middle finger stenosing tenosynovitis. Treatment to date has included medications, carpal tunnel injections and acupuncture. According to the progress notes dated 4-14-2015, the IW reported throbbing, shooting, sharp, severe, deep and radiating pain in the bilateral wrists and hands, which became more severe when she was very active. On examination, right hand grip was 50-50-50 and on the left, 65-60-60. There was obvious locking of the right middle finger and tenderness to palpation at the base of the right middle finger at the A1 pulley area; otherwise the exam of the bilateral upper extremities was within normal limits. Electrodiagnostic testing on 12-16-2014 was positive for moderate right carpal tunnel syndrome; testing on 3-20-2015 found evidence of moderate left carpal tunnel syndrome and left ulnar neuropathy at the elbow. A request was made for right middle finger A1 pulley release-digital block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right middle finger A1 pulley release/digital block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), forearm/wrist/hand chapters.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), Percutaneous release (of the trigger finger and/or trigger thumb).

Decision rationale: ODG states "Recommended where symptoms persist. Trigger finger is a condition in which the finger becomes locked in a bent position because of an inflamed and swollen tendon. In cases where symptoms persist after steroid injection, surgery may be recommended. However, the risk of troublesome complications, even after this minor operation, should be born in mind. (Finsen, 2003) One hundred and eighty patients with 240 trigger digits were treated by percutaneous release using a 'lift-cut' technique. All patients were reviewed at 3 months following release. Overall, 94% achieved an excellent or good result. Ten patients experienced recurrent symptoms and required a subsequent open release. There was no clinical evidence of digital nerve or flexor tendon injury. (Ragoowansi , 2005) According to one study, percutaneous release with steroid injection of trigger thumbs is a cheap, safe and effective procedure with a low rate of complications. (Cebesoy, 2006) Percutaneous release with steroid injection produced satisfactory long-term results in 91% of cases whereas steroid injection alone produced satisfactory results in 47% of cases. Percutaneous trigger thumb release combined with steroid injection has a higher success rate than that of steroid injection alone. (Maneerit, 2003) Surgical release of the A1 pulley for treatment of trigger finger normally produces excellent results. However, in patients with long-standing disease, there may be a persistent fixed flexion deformity of the proximal interphalangeal joint due to a degenerative thickening of the flexor tendons. Treatment by resection of the ulnar slip of flexor digitorum superficialis tendon is indicated for patients with loss passive extension in the proximal interphalangeal joint and a long history of triggering. (Le Viet, 2004) (Fu, 2006) One study concluded that surgical outcome for trigger finger was poorer than that for trigger thumb, partly due to flexion contracture of the PIP joint. (Moriya, 2005) See also Injection." The medical documentation provided does not indicate this patient has failed steroid injections as outlined in the guidelines. As such, the request for Right middle finger A1 pulley release/digital block is not medically necessary.