

<b>Case Number:</b>	CM15-0103241		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	08/13/2009
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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:

This is a 56 year old female with an August 13, 2009 date of injury. A progress note dated April 24, 2015 documents subjective findings (mild improvement with stiffness and range of motion of the left wrist; worsening pain to the thumbs, worse to the left; pain radiating up the bilateral forearms; frequent numbness and tingling of the bilateral wrists/hands; locking of bilateral thumbs), objective findings (tenderness over the acromioclavicular joint of the right shoulder; tenderness over the subacromial and subdeltoid bursas; decreased range of motion and strength of the right shoulder; tenderness over the right medial and lateral epicondyles and olecranon process; positive Tinel's test; crepitations present; decreased strength of the right elbow; tender, well-healed scar on the right wrist; tenderness over the radial styloid, fourth and fifth metacarpals, and triangular fibrocartilage; positive Watson test, drop test, Tinel's test, Phalen's test, and Piano key test; tenderness to the left wrist fibrocartilage, scapholunate ligament, ulnar styloid, and radial styloid; numbness and tingling of the left wrist; swelling over the left wrist; positive Finkelstein's test, Phalen's test, and Tinel's test; mild tenderness over the volar aspect; presence of a well-healed scar; decreased strength of the bilateral wrists), and current diagnoses (rotator cuff tear/tendinosis of the right shoulder; impingement syndrome of the right shoulder; epicondylitis of the right elbow; bilateral carpal tunnel syndrome). Treatments to date have included bilateral carpal tunnel release, magnetic resonance imaging of the right shoulder (May 21, 2010; showed mild to moderate supraspinatus, infraspinatus, and subscapularis tendinitis and mild tenosynovitis of the long head of the biceps), magnetic resonance imaging of the right elbow (October 28, 2009; showed mild hypertrophic degenerative changes of the proximal ulnar

margins adjacent to the trochlea), electromyogram/nerve conduction study (October 30, 2009; showed bilateral medial nerve dysfunction at the wrist and underlying distal neuropathy), physical therapy, and cortisone injection of the right elbow. The treating physician documented a plan of care that included left thumb palmar fasciotomy and flexor tenosynovectomy and associated services.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Left Thumb Palmer Fasciotomy and Flexor Tenosynovectomy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand, Online Version, Trigger Finger Surgery; J Hand Surg Am. 2006 Jan;31(1):135-46. Trigger digits: principles, management, and complications.

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

**Decision rationale:** The patient is a 56 year old female with painful locking of the bilateral thumbs consistent with trigger thumbs. A request had been made for left thumb fasciotomy and flexor tenosynovectomy. Based on the entirety of the medical record, there is insufficient evidence to support a fasciotomy and flexor tenosynovectomy. The evaluation should be based on the presence of a probable left trigger thumb. From ACOEM guidelines, page 271, 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 there has not been documentation of an attempted steroid injection, the proposed treatment should not be considered medically necessary.

#### **Post-Operative Physical Therapy 3 x 4: Upheld**

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

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

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

#### **Surgical Assistant: Upheld**

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

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

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