

Case Number:	CM15-0130398		
Date Assigned:	07/15/2015	Date of Injury:	05/16/2002
Decision Date:	08/13/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	07/07/2015

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 61-year-old male who sustained an industrial injury on 5/16/2002 resulting in painful range of motion of the right long, ring and small finger. He is diagnosed with right long finger, right ring finger, and right small finger trigger. Treatment has included steroid injections in the right long finger reporting temporary improvement, splinting, and medication. The injured worker continues to present with triggering and clicking of the right small finger, and sore and stiffness in the right middle and ring fingers. The treating physician's plan of care includes right long, ring, and small finger trigger release with tenosynovectomy, including consultation for pre-operative medical clearance and post-operative physical or occupational therapy for 12 sessions for right hand and fingers. He is presently medically retired. Documentation from 2/23/15 notes a review of past history to include injections of the bilateral long fingers and small fingers on 2/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Long finger, Right Ring Finger, Right Small Finger Trigger Release and Tenosynovectomy: Upheld

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

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

Decision rationale: The patient is a 61 year old male with evidence of triggering of the right long, ring and small fingers. He is previously documented to have undergone unsuccessful steroid injections to the right long and small fingers but not the ring finger. As the request was made for all three fingers, this should not be considered medically necessary, as there is no evidence that the ring finger A-1 pulley was injected. If the patient is further documented to have undergone unsuccessful steroid injection to the right ring finger, then the procedures could be reconsidered or if the request is modified to the right long and small fingers, then this could be reconsidered. From ACOEM, Chapter 11, 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. The requested treatment is not medically necessary.

Associated surgical service: Consultation and pre-op medical clearance (right hand):
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition, 2004: chapter 7; Independent Medical Examinations and Consultations , page 127.

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.

Associated surgical service: post-op physical/occupational therapy x 12 sessions (2x6) right hand/fingers: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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.