MAXIMUS Federal Services

Case Number:	CM15-0147559		
Date Assigned:	08/10/2015	Date of Injury:	03/05/2013
Decision Date:	09/14/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/29/2015

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: California
Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery, Sports 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:

This 54 year old woman sustained an industrial injury on 3-5-2013. The mechanism of injury is not detailed. Diagnoses include carpal tunnel syndrome, synovitis and tenosynovitis, cervical root lesions, ad shoulder arthropathy. Treatment has included oral medications. Physician notes dated 3-24-2015 show complaints of continued bilateral upper extremity pain rated up to 10 out of 10. The worker states she experiences frequent burning sensations and numbness to the right hand and fingers. Recommendations include electromyogram and nerve conduction studies, second surgical opinion, Naprosyn, physical therapy, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Ring Finger A1 pulley release: Upheld

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

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

Decision rationale: This is a request for right ring finger first annular pulley release which is a surgery performed for trigger fingers which have not resolved with injection. The California MTUS notes that, "One or 2 injections of lidocaine and corticosteroid 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." There is no mention of response to injections in this case. Reported symptoms are severe (10/10) and diffuse in the neck and both upper extremities and are not due to flexor tendon triggering. Records provided note that on April 21, 2014 the right ring finger flexor tendon sheath was surgically released, that is, the surgery was previously performed and failed. An April 21, 2015 report notes, "no more locking/sticking sensations in her fingers." There is insufficient information provided by the treating surgeon to justify this unusual request to repeat right ring finger tendon sheath surgery, which was performed previously and failed. Therefore, the request is not medically necessary.