

<b>Case Number:</b>	CM15-0148728		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	03/15/2013
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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 54 year old female, who sustained an industrial injury on 03-15-2013. On provider visit dated 05-29-2015 the injured worker has reported severe finger problems. On examination of the left hand revealed a positive Finkelstein test and sweater finger test sign was positive as well. The diagnoses have included contracture of joint forearm. Treatment to date has included medication. The provider requested left thumb fasciotomy flexor tenosynovectomy, and associated surgical services of assistant surgeon and post-operative physical therapy for left thumb 3 times a week for 4 weeks - 12 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Thumb Fasciotomy Flexor Tenosynovectomy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Indications for Surgery.

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

**Decision rationale:** The patient is a 54 year old female with signs and symptoms of probable left thumb trigger finger that is affecting function. Previous Agreed Medical Evaluation had recommended consideration for thumb spica braces and cortisone injection to the bilateral thumb A-1 pulleys. There is no documentation of a cortisone injection. Based on the recent clinical documentation, it is unclear if this is a fixed contracture. If it is, then there should be some consideration for physical therapy intervention or appropriate splinting prior to surgical intervention. From ACOEM, page 27: 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. Therefore, without appropriate non-surgical intervention including a steroid injection, left thumb fasciotomy flexor tenosynovectomy should not be considered medically necessary.

**Associated Surgical Services: Assistant Surgeon: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Associated Surgical Services: Post operative Physical Therapy, for Left Thumb, 3 times wkly for 4 wks, 12 sessions: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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