

Case Number:	CM15-0168364		
Date Assigned:	09/09/2015	Date of Injury:	01/24/2000
Decision Date:	10/14/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/26/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 48-year-old male sustained an industrial injury to the neck, back and shoulder on 1-24-00. Previous treatment included physical therapy, shoulder injections and medications. Upper extremity electromyography (3-18-10) was normal. Cervical magnetic resonance imaging (2-23-007) showed mild spondylosis. In a visit note dated 7-2-15, the injured worker complained of left ring finger triggering with pain at the base of the finger as well as worsening right shoulder pain and ongoing low back pain. The injured worker rated his pain 9 out of 10 on the visual analog scale without medications and 5 out of 10 with medications. Physical exam was remarkable for left ring finger with tenderness to palpation at the base of the finger, triggering upon flexion and locking upon attempts to extend the finger and tenderness to palpation over the right shoulder with mild edema, decreased range of motion and a small mass at the posterior upper right shoulder with tenderness to palpation. The treatment plan included refilling medications (Lexapro, Lidocaine patch, Lunesta, Neurontin and Norco), magnetic resonance imaging right shoulder and a hand surgical consultation for left trigger finger. Utilization Review denied the request for hand surgical consultation for left trigger finger noting lack of appropriate attempts at conservative treatment prior to the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand surgical consultation for the left trigger finger, quantity: 1: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. Per progress note dated 7/2/15, the injured worker complained of left ring finger triggering with pain at the base of the finger as well as worsening right shoulder pain and ongoing low back pain. The injured worker rated his pain 9/10 without medications and 5/10 with medications. Physical exam was remarkable for left ring finger with tenderness to palpation at the base of the finger, triggering upon flexing and locking upon attempts to extend the finger. I respectfully disagree with the UR physician's assertion that prior to referring the patient for a hand surgical consultation, conservative measures must first be exhausted. A surgeon will be better able to judge the injured worker's current condition and recommend further treatment option to help with triggering. The request is medically necessary.