

<b>Case Number:</b>	CM15-0168436		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	12/18/2009
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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 53-year-old male, who sustained an industrial injury on December 18, 2009. He reported neck pain, low back pain, bilateral hand pain and bilateral wrist pain secondary to repetitive work as a press operator. The injured worker was diagnosed as having cervical radiculopathy per EMG/NCV on October 20, 2014, cervical spine anterior discectomy and fusion with anterior instrumentation at C5-6 on March 2010, Cervical spine post C5 and C6 ACDF with mature interbody osseous fusion, mild grade 1 anterolisthesis of C7 per magnetic resonance imaging (MRI) on July 25, 2012, left wrist carpal tunnel syndrome, right hand, thumb, index and ring finger trigger releases on March 19, 2015, right wrist status post carpal tunnel release on March 19, 2015, left hand, index and thumb triggering, lumbar radiculopathy per EMG/NCV on October 20, 2014, lumbar spine posterior interbody fusion at L4-5, instrumentation from L3-5 and probable posterolateral bone grafting from L3 to L5 in December 2010 and lumbar spine microdiscectomy probably at L4-5 in 2008. Treatment to date has included diagnostic studies, multiple surgical interventions, conservative care, medications and work restrictions. Currently, the injured worker continues to report neck pain, bilateral wrist and hand pain with a burning sensation and low back pain. The injured worker reported an industrial injury in 2009, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on June 10, 2015, revealed continued pain as noted. Examination of the cervical spine revealed tenderness to palpation over the left C5-6 and C6-7 area, left upper trapezius and left lateral deltoid. Left wrist and hand exam revealed triggering of the index finger, positive Phalen's and Tinel's testing in the median nerve and

decreased sensation to all digits except the little finger. Lumbar spine examination revealed tenderness to palpation over bilateral L5-S1 regions and left lateral thigh tenderness with decreased sensation to the bilateral dorsal feet. It was noted he remained active and was able to continue biking, yard work and walking. Post-operative physical therapy for the right wrist was continued. It was noted he was totally temporarily disabled (TTD). Urinary drug screen on July 28, 2015, revealed findings consistent with expectations. Evaluation on July 22, 2015, revealed continued pain as noted. Examination of the low back, bilateral wrists and hands and neck remained unchanged from the previous visit. The physician noted that a left wrist carpal tunnel release had been authorized previously. The RFA on July 22, 2015, included a request for left index finger release of proximal pulley of flexor tendon sheath for trigger finger, Associated Surgical Service: postoperative cold therapy unit rental for 7 days and Associated Surgical Service: Preoperative clearance and was found not medically necessary on utilization review (UR) on August 18, 2015. Previously, as determined on 2/3/15, left carpal tunnel release and left index, thumb and ring finger trigger releases had been authorized.

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

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

#### **Left index finger release of proximal pulley of flexor tendon sheath for trigger finger:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** According to the ACOEM Practice Guidelines, 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 patient had undergone surgical release of the left long and ring fingers on 2009. The patient had previously been authorized for trigger finger release of the left index, thumb and ring fingers, as well as a left carpal tunnel release. Reasoning for authorization is that the patient had limitation in range of motion and since carpal tunnel surgery was considered medically necessary, it is reasonable to perform the trigger release at the same time. However, currently only the left index finger trigger finger release had been requested. As there was not specific documentation of a failed cortisone injection for this finger, trigger release as a sole procedure should not be considered medically necessary.

**Pre-Operative Clearance:** 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.

**Post-Operative Cold Therapy Unit (7-day rental):** 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.