

Case Number:	CM15-0180642		
Date Assigned:	09/29/2015	Date of Injury:	03/26/2012
Decision Date:	11/10/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/14/2015

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: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand 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:

This is a 45-year-old female with a date of injury on 3-26-2012. A review of the medical records indicates that the injured worker is undergoing treatment for symptomatic right trigger thumb; status post left trigger thumb release and possible nerve compression. According to the progress report dated 7-27-2015, the injured worker complained of pain in her face, nose and forehead. She was noted to have problems with residuals on the left thumb, triggering of the right thumb, weakness and numbness of the hand. The physical exam (7-27-2015) revealed the injured worker was wearing a brace on her left wrist. The grip on the right was 40 pounds and on the left 20 pounds. There was triggering, catching, tenderness on the A1 pulley, locking of the thumb, decreased range of motion, barely touching the palm. The physician noted that Phalen test appeared to be positive on her hand. Treatment has included left trigger thumb surgery and medications (Celebrex and Protonix). The request for authorization was dated 8-4-2015. The original Utilization Review (UR) (8-10-2015) denied a request for exploration and release of right trigger thumb, pre-operative labs: CBC, PT-PTT, BMP-7, UA, EKG, and CXR, purchase of transcutaneous electrical nerve stimulation (TENS) unit, 3-month supply of electrodes, hand exercise kit and sling. Utilization Review approved purchase of abducted right-thumb wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exploration and release of right trigger thumb: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand Chapter.

Decision rationale: According to the ACOEM 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. According to the ODG guidelines, there is good evidence strongly supporting the use of local corticosteroid injections in the trigger finger. 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. Steroid injection therapy should be the first-line treatment of trigger fingers in non-diabetic patients. The patient has not had a steroid injection. Therefore, the request is not medically necessary.

Pre-op CBC: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back updated 5/15/15.

Decision rationale: According to the Official Disability Guidelines, preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. The patient does not have any significant medical illnesses. Preoperative testing is not indicated. Therefore, the request is not medically necessary.

Pre-op PT/PTT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back updated 5/15/15.

Decision rationale: According to the Official Disability Guidelines, preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. The patient does not have any significant medical illnesses. Preoperative testing is not indicated. Therefore, the request is not medically necessary.

Pre-op BMP-7: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back updated 5/15/15.

Decision rationale: According to the Official Disability Guidelines, preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. The patient does not have any significant medical illnesses. Preoperative testing is not indicated. Therefore, the request is not medically necessary.

Pre-op UA: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back updated 5/15/15.

Decision rationale: According to the Official Disability Guidelines, preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. The patient does not have any significant medical illnesses. Preoperative testing is not indicated. Therefore, the request is not medically necessary.

Pre-op EKG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back updated 5/15/15.

Decision rationale: According to the Official Disability Guidelines, electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. The request is for a low risk procedure and the patient does not have any documented pulmonary risk factors. Therefore, the request is not medically necessary.

Pre-op Chest x-ray: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back updated 5/15/15.

Decision rationale: According to the Official Disability Guidelines, chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. The request is for a low risk procedure and the patient does not have any documented pulmonary risk factors. Therefore, the request is not medically necessary.

Sling (purchase): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Tech Hand Up Extrem Surg. 2012 Jun;16(2):105-6. doi: 10.1097/BTH.0b013e31824e9f43. A modification of the collar-and-cuff sling to elevate the hand. Cooper L1, Ford KE, Sammut D.

Decision rationale: According to Cooper et al, elevation of the hand is routinely sought after surgery and with pathology such as inflammation and infection. Many models of sling have been described. The collar-and-cuff model is a traditional low-cost method that is easily learned and applied, is versatile, and customized to each patient. It is, however, frequently misapplied so that it immobilizes the arm but does not produce sufficient elevation. The records do not document the type of sling planned and whether it will be modified to adequately elevate the hand following surgery. Therefore, the request is not medically necessary.

Electrodes (3-month supply): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: According to the California MTUS guidelines, transcutaneous electrotherapy is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. This patient has already had a one month TENS trial. The outcome of the trial is not documented in the records. Therefore, the request is not medically necessary per the guidelines.

Hand exercise kit (purchase): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise.

Decision rationale: According to the California MTUS guidelines, there is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. Documentation provided for review does not suggest what the home exercise kit for the hands consists of. While it is acknowledge that this patient needs additional treatment and that a home exercise kit could be beneficial, without documentation of what the kit consists of, the request is not medically necessary.

TENS unit (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: According to the California MTUS guidelines, transcutaneous electrotherapy is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. This patient has already had a one month TENS trial. The outcome of the trial is not documented in the records. Therefore, the request is not medically necessary per the guidelines.