

Case Number:	CM15-0185601		
Date Assigned:	10/05/2015	Date of Injury:	03/23/2010
Decision Date:	12/15/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/21/2015

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, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic 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 female, with a reported date of injury of 03-23-2010. The diagnoses include status post remote bilateral fourth finger trigger finger release, left hand third trigger finger, right fifth finger DIP (distal interphalangeal) joint degenerative change with flexion deformity, status post bilateral tenosynovectomy, and chronic cervical myofascial pain. Treatments and evaluation to date have included Tramadol (since at least 08-2015), Naproxen (since at least 08-2015), and left tenosynovectomy of the left ring flexor tendons and A1 pulley release on 12-10-2014. The diagnostic studies to date have not been included in the medical records provided. The follow-up consultation report dated 08-10-2015 indicates that the injured worker had left hand third finger pain, rated 8 out of 10; right hand fifth finger pain, rated 7 out of 10; and cervical pain, rated 7 out of 10. The injured worker reported difficulty gripping and grasping with the right and left hand. She denied side effects from the use of Tramadol and Naproxen. The comprehensive orthopedic evaluation report dated 07-14-2015 complained of ongoing neck and back pain, left ring finger trigger, and right little finger DIP joint stiffness; however, the pain ratings were not indicated. The objective findings include left hand tenderness over the A1 pulley and third finger; triggering of the left third finger; inability to form a fist in the left hand; tenderness of the DIP fifth finger on the right hand; lack of 20 degree flexion of the right hand; inability to form a fist of the right hand; limited Jamar of the right and left hand; tenderness of the cervical spine; cervical flexion at 40 degrees; cervical extension at 30 degrees; cervical left and right rotation at 30 degrees; and cervical left and right lateral tilt at 30 degrees. The injured worker's disability status was noted as permanent and stationary. The request for

authorization was dated 08-31-2015. The treating physician requested left third finger A1 pulley release and trigger finger release and associated services, Tramadol 50mg #60 (date of service 08-10-2015), Naproxen 550mg #60 (date of service 08-10-2015). On 09-08-2015, Utilization Review (UR) non-certified the request for left third finger A1 pulley release and trigger finger release and associated services, Tramadol 50mg #60 (date of service 08-10-2015), Naproxen 550mg #60 (date of service 08-10-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Left third finger A1 pulley release/trigger finger release: Upheld

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

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) Hand.

Decision rationale: CAMTUS/ACOEM hand complaints, page 271 recommends failure of 2 injections prior to surgery on trigger finger (stenosing tenosynovitis). Per ODG surgery is recommended if symptoms persist after steroid injection. In this case the triggering has not been treated with corticosteroid. Therefore the request is not medically necessary.

Retro Naproxen 550mg #60, DOS: 8/10/15: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 66 states that Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. It is used as first line treatment but long-term use is not warranted. In this case the continued use of Naproxen is not warranted, as there is no demonstration of functional improvement from the exam notes. Therefore the request is not medically necessary.

Retro Tramadol 50mg #60, DOS: 8/10/15: 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): Opioids for chronic pain.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 93-94, Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. Tramadol is considered a second line agent when first line agents such as NSAIDs fail. There is insufficient evidence in the records of failure of primary over the counter non-steroids or moderate to severe pain to warrant Tramadol. Therefore use of Tramadol is not medically necessary.

Post-op physical therapy 3 x 4: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-op Norco 10/325mg #60: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-op Anaprox 550mg #60: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-op Keflex 500mg #28: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-op Tramadol 50mg #60: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-op Tramadol HCL ER 150mg #30: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.