

Case Number:	CM15-0195568		
Date Assigned:	10/09/2015	Date of Injury:	01/09/2014
Decision Date:	11/25/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/05/2015

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:

The injured worker is a 57 year old female, who sustained an industrial injury on 1-9-14. The injured worker is being treated for left trigger thumb, cervicalgia, lumbago, lumbar facet dysfunction, sacroiliac joint dysfunction, gastritis and depression. Treatment to date has included acupuncture, 2 injections to the thumb (helped temporarily), chiropractic treatment, transcutaneous electrical nerve stimulation (TENS) unit and oral medications including Norco and Tylenol as well as topical creams. On 7-27-15 she complained of constant neck pain with constant aching in left thumb and numbness and tingling in both arms and hands and on 9-1-15, the injured worker returns for follow up of left trigger thumb, she is awaiting surgery. She is currently working. Physical exam performed on 7-27-15 revealed positive straight leg raising, weakness in let grip, biceps and triceps with tenderness to palpation over the cervical paraspinal muscles, upper trapezius, scapular border, lumbar paraspinal muscles and sacroiliac joint region and left thumb was a trigger finger and on 9-1-15 revealed pain at A1 pulley. The treatment plan included request for left trigger finger release with associated surgical services. On 9-21-15 request for left trigger finger release with associated surgical services was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative medical clearance with an internist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), preoperative testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back updated 5/15/15.

Decision rationale: Per ODG: "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." This patient is undergoing a low risk procedure. The records do not document any significant medical problems. ODG does not support routine preoperative lab tests, and the records do not document any medical indication for these tests. The request is not medically necessary.

Associated surgical service: Physical therapy (left trigger thumb) 1x24 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

Decision rationale: Per MTUS: Trigger finger (ICD9 727.03): Postsurgical treatment: 9 visits over 8 weeks. Postsurgical physical medicine treatment period: 4 months. The surgeon is recommending 24 OT visits, which is more than twice the number that is allowable with MTUS. The records do not provide any justification for exceeding the guidelines. The request is not medically necessary.

Associated surgical service: Consultation with a pain management specialist (left trigger thumb): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand, office visits.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations.

Decision rationale: ACOEM for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. When a physician is responsible for performing an isolated assessment of an examinee's health or disability for an employer, business, or insurer, a limited examinee physician relationship should be considered to exist. A referral may be for: Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. Pain management consultation is medically necessary. The patient has undergone upper extremity procedures but continues to have pain. Her pain is in excess of what is expected from trigger thumb. In addition, her pain is throughout her arm, which is not consistent with trigger thumb and points to another etiology. ACOEM supports consultation to evaluate for treatment for her ongoing pain.

Associated surgical service: Random urine drug testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: This patient had a diagnosis of chronic pain. The American College of Occupational and Environmental Medicine (ACOEM) in the Occupational Medicine Practice Guidelines on Chronic Pain supports urine drug screens. It is stated on page 156: Recommendation: Urine Drug Screening for Patients Prescribed Opioids for Chronic Pain. Routine use of urine drug screening for patients on chronic opioids is recommended as there is evidence that urine drug screens can identify aberrant opioid use and other substance use that otherwise is not apparent to the treating physician. Indications - All patients on chronic opioids for chronic pain. This patient is not on chronic opiates. Her medication list describes only medications for arthritis. ACOEM does not support routine urine drug screening.