

Case Number:	CM15-0198677		
Date Assigned:	10/14/2015	Date of Injury:	10/11/2006
Decision Date:	11/20/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/09/2015

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 73 year old female who sustained an industrial injury on 10-11-06. The injured worker reported left hand pain. A review of the medical records indicates that the injured worker is undergoing treatments for status post left hand 4th finger flexor tenosynovectomy trigger release, injection therapy, right index finger trigger pain, right trigger finger thumb pain, chronic neck strain, chronic right shoulder strain and left 3rd trigger finger. Medical records dated 8-27-15 indicate stiffness, numbness and pain rated at 8 out of 10. Provider documentation dated 8-27-15 noted the work status as maximum medical improvement. Treatment has included status post left hand 4th finger flexor tenosynovectomy trigger release, injection therapy (but not documented to the left 3rd finger trigger), Anaprox since at least January of 2015, at least 6 sessions of physical therapy. Objective findings dated 8-27-15 were notable for left hand with trigger of 3rd finger. The original utilization review (9-17-15) denied a request for Left third trigger finger release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left third 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 rationale: The patient is a 73 year old female with a history of multiple trigger fingers and subsequent release. More recently, she complained of a left 3rd finger trigger finger. She had undergone conservative management of physical therapy, but had not been specifically documented to have undergone a recent steroid injection to the left 3rd finger. From ACOEM, Chapter 11, page 271, "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." Therefore, without specific documentation of a failed steroid injection to the left 3rd finger, surgical release is not medically necessary.