

Case Number:	CM15-0199286		
Date Assigned:	10/14/2015	Date of Injury:	11/21/2014
Decision Date:	12/04/2015	UR Denial Date:	09/24/2015
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: California

Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery, Sports Medicine

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 54 year old female, who sustained an industrial injury on November 21, 2014. The injured worker was diagnosed as having bilateral shoulder periscapular sprain and strain with impingement with acromioclavicular joint hypertrophy and subacromial narrowing per ultrasound in April of 2015, bilateral elbow olecranon bursitis with dynamic cubital tunnel syndrome per ultrasound in July of 2015, bilateral wrist tendinitis with dynamic carpal tunnel syndrome and left volar ganglion cyst, and right middle finger trigger with onset of right ring and small finger triggering. Treatment and diagnostic studies to date has included right middle finger injection times two, physical therapy, acupuncture, medication regimen, home exercise program, brace, and above noted studies. In a progress note dated September 03, 2015 the treating physician reports complaints of "worsening" of triggering to the right middle finger along with the onset of triggering to the right ring and little fingers. The treating physician also noted that the injured worker had an increase in difficulty with gripping and grasping along with burning and tingling to the upper extremities. Examination performed on September 03, 2015 was revealing for tenderness to the flexor and extensor tendons, positive bilateral Tinel's testing, tenderness, swelling, and triggering to the right third, fourth, and fifth fingers, and tenderness to the first annular pulley (A1). The progress note from September 03, 2015 did not include the injured worker's current medication regimen and also did not indicate the injured worker's numeric pain level on a visual analog scale. The Doctor's First Report from December 15, 2014 noted the request for the prescriptions of Ultram ER, but the progress notes did not contain documentation on if the injured worker had taken this medication. On September 03, 2015 the

treating physician requested right ring finger trigger release, right small finger trigger release with the treating physician noted "failure to improve significantly with previous treatment including physical therapy, acupuncture, medication regimen, activity modifications, home exercise program, brace, and right injection times two". The treating physician also requested the medication of Neurontin 300mg with a quantity of 1 for the treatment of chronic pain secondary to nerve damage. On September 24, 2015 the Utilization Review denied the requests for right ring finger trigger release, right small finger trigger release, and Neurontin 300mg with a quantity of 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ring finger trigger release: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online: percutaneous release (of the trigger finger and /or trigger thumb).

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

Decision rationale: This is a request for right ring finger trigger release surgery. A July 22, 2015 report by the requesting surgeon notes only middle finger triggering no mention of ring finger triggering. A September 3, 2015 report notes, "onset" of ring finger triggering. There is no mention of non-surgical treatment for trigger finger specifically injection. The California MTUS guidelines note on page 271 that, "one or 2 injections of lidocaine and corticosteroid 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." In this case ring finger tendon sheath injection has not been performed and it is premature to consider surgical release which is not medically necessary.

Right small finger trigger release: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online: percutaneous release (of the trigger finger and /or trigger thumb).

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

Decision rationale: This is a request for small finger trigger release surgery. A July 20, 2015 report by the treating surgeon notes only middle finger triggering small finger triggering is not reported. A September 3, 2015 report notes "onset" of small finger triggering. There is no mention of injection for small finger triggering. The California MTUS guidelines note that injections are "almost always sufficient to cure" trigger fingers. In this case small finger tendon sheath injection has not been performed and trigger finger release surgery is not medically necessary.

Neurontin 300mg #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS, Chronic Pain, page 49 of 127, Gabapentin (neurontin).

Decision rationale: This is a request for gabapentin or Neurontin which the California MTUS guidelines note is effective for treatment of diabetic painful neuropathy and postherpetic neuralgia. The requesting physician's note and the request for authorization are for Neurontin "bid at bedtime." The latin abbreviation bid translates to twice a day. An individual might be instructed to take a medication twice a day or at bedtime, but not both as individuals only go to bed once a day. The reason for the request is unspecified and the requested dosing is inconsistent and requires correction and clarification before the medical appropriateness can be determined. As written the request is not medically necessary.