

Case Number:	CM15-0025138		
Date Assigned:	02/17/2015	Date of Injury:	08/01/2006
Decision Date:	03/31/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/09/2015

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 52 year old female with an industrial injury dated 08/01/2006 to 08/26/2009. She presents for follow up on 01/21/2015 with complaints of stiffness of the third digit of hand. The provider noted "we cannot provoke triggering in the clinic, but she reports triggering at home." Positive provocative test bilaterally. The injured worker notes symptoms have been worse with sharp, shooting and stabbing pain worse at night, but progresses throughout the day with associated locking of the hands. Prior treatments included injections into fingers, medications, activity restrictions and acupuncture. Diagnoses included: Cervical radiculitis, Right carpal tunnel syndrome, Left carpal tunnel syndrome, Brachial Neuritis. Other diagnoses are listed in the submitted records. On 02/05/2015 utilization review issued a determination of non-certification for trigger finger and carpal tunnel release. MTUS/ACOEM and ODG were cited. Documentation from 1/21/15 notes bilateral hand numbness and tingling in the second and third half of the fourth digits. She is now having triggering of the third digits. Previous EDS is positive for carpal tunnel syndrome. Examination notes stiffness of the third digit without active triggering. Carpal compression, Tinel's, Phalen's are all positive. Symptoms have worsened. Has undergone bracing and medication. The patient underwent steroid injection of bilateral trigger digits on this day. Documentation from 12/9/14 notes nighttime paresthesias that awaken the patient. Thenar atrophy is noted as well as positive Tinel's and Phalen's. There is slightly decreased sensation in the median nerve distribution. Electrodiagnostic studies from 10/8/14 note slight right carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Finger: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271. Decision based on Non-MTUS Citation ODG Trigger Finger

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

Decision rationale: The patient is a 52 year old female with possible right long finger trigger finger. She underwent steroid injection of this finger on 1/21/15. However, there is no follow-up documentation to note treatment success or failure. Thus, trigger finger release should not be considered medically necessary. From ACOEM, 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.

Carpal Tunnel Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263, 265. Decision based on Non-MTUS Citation ODG Indication for Surgery - Carpal Tunnel Release

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270 and 272.

Decision rationale: The patient is a 52 year old female with signs and symptoms of possible right carpal tunnel syndrome. She has undergone conservative management of splinting and medication. Electrodiagnostic studies suggest a slight median nerve entrapment. Given these findings and based on ACOEM, a steroid injection is recommended. From ACOEM page 270, Patients with the mildest symptoms display the poorest post surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. From Table 11-7, page 272 after splinting and medical management, a steroid injection is recommended. Based on the overall clinical picture with mild EDS findings and lack of steroid injection, right carpal tunnel release should not be considered medically necessary.