

Case Number:	CM15-0211185		
Date Assigned:	10/30/2015	Date of Injury:	10/01/2010
Decision Date:	12/21/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/27/2015

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 53 year old male, who sustained an industrial injury on October 1, 2010. The injured worker was undergoing treatment for status post anterior cervical discectomy and fusion, lumbar radiculopathy, lumbar stenosis, status post ACDF C5-C6 with early signs of fusion, exacerbation of neck pain and lumbar radiculopathy L4-L5 stenosis. According to a progress note of August 21, 2015, the injured worker's chief complaint was neck pain radiating to the trapezius muscles and posterior arm and hands along with numbness, tingling and weakness. The low back pain was rated at 7-8 out of 10. The injured worker complained of bilateral wrist and hand pain. The pain was rated at 6-7 out of 10. The injured worker was being treated by another physician for the pain in the right hand. The injured worker previously received the following treatments of Tylenol #3, Omeprazole, Tramadol, Naproxen and hand specialist. The RFA (request for authorization) dated October 2, 2015, requested trigger finger release surgery. The UR (utilization review board) denied certification on October 7, 2015 for trigger finger release surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Finger Release Surgery: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist & Hand - Trigger finger.

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

Decision rationale: This is a request for unspecified trigger finger release surgery. Limited records provided indicate widespread symptoms in the head, neck and low back. There are records from a spine surgeon, psychologist and neurologist. There is no documentation of any history or examination findings to support a diagnosis of a trigger finger. There is no documentation of trigger finger treatment. The California MTUS notes that for trigger fingers, "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." This request lacks supportive documentation and does not meet California MTUS guidelines. Therefore, trigger finger release surgery is not medically necessary.