

Case Number:	CM15-0217390		
Date Assigned:	11/09/2015	Date of Injury:	05/18/2012
Decision Date:	12/28/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/04/2015

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 52 year old female, who sustained an industrial-work injury on 5-18-12. The injured worker was diagnosed as having carpal tunnel syndrome and locked trigger thumb, dysthymic disorder, and pain disorder. Treatment to date has included physical therapy, splinting, anti-inflammatory medication (Ibuprofen) and Trazodone, and injection (minimal improvement per physician's report), and 2 of 6 CBT (cognitive behavior therapy) sessions. EMG-NCV (electromyography and nerve conduction velocity test) was reported in 4-2015 that revealed carpal tunnel syndrome. Currently, the injured worker complains of locking and triggering of thumb with ongoing and worsening pain and numbness and now radiates proximally. Symptoms often radiate to the shoulder. He has a slightly anxious and depressed mood. Per the primary physician's progress report (PR-2) on 9-29-15, exam noted carpal tunnel compression test is positive, along with positive Phalen's test. The thumb is locked, a toggle of flexion is intact, verifying continuity of the flexor pollicis longus tendon, tenderness at the A1 pulley, and minimal swelling to the wrist. The Request for Authorization requested service to include Surgery: right index finger trigger release. The Utilization Review on 10-19-15 denied the request for Surgery: right index finger trigger release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery: right index finger trigger release: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand chapter.

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

Decision rationale: This is a request for right index trigger finger release surgery. The only report from the treating surgeon dated September 29, 2015 mentions a trigger thumb; there is no mention of index finger triggering. There is no documentation of index finger injection. 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" (page 271). With no documentation of index finger triggering and no documentation of index finger flexor tendon sheath injection, surgery for index finger triggering is not medically necessary at this time.