

Case Number:	CM15-0219674		
Date Assigned:	11/12/2015	Date of Injury:	06/06/2014
Decision Date:	12/24/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/09/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 51 year old female, who sustained an industrial injury on 06-06-2014. The injured worker is currently able to return to modified work. Medical records indicated that the injured worker is undergoing treatment for right fifth digit trigger finger, right wrist tendinitis with deQuervain's tenosynovitis, right elbow lateral epicondylitis, and right basilar thumb osteoarthritis. Treatment and diagnostics to date has included extracorporeal shockwave therapy and medications. Subjective data (09-24-2015), included right wrist and elbow pain rated 6 out of 10 on the pain scale and right fifth digit pain rated 4-5 out of 10. Objective findings (09-24- 2015) included clicking and triggering over the right small finger, tenderness to palpation over the A1 pulley with positive crepitus, decreased range of motion to right fifth finger and right elbow, tenderness to palpation over the epicondyle region, and positive Cozen's test. The request for authorization dated 09-24-2015 requested right fifth digit trigger finger injection under ultrasound guidance. PR-2 dated 09-24-2015 noted to include request for preoperative medical clearance evaluation, initial postoperative therapy two times a week for four weeks, and continuous cold therapy unit (purchase). The Utilization Review with a decision date of 10-26- 2015 denied the request for preoperative medical clearance evaluation, initial postoperative therapy, and continuous cold therapy unit (indefinite use).

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative medical clearance evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://circ.ahajournals.org/cgi/content/full/116/17/e418>.

Decision rationale: This claimant was injured in 2014, and there is a right fifth digit trigger finger. Treatment has included extracorporeal shock wave therapy and medicine. Though requests are called post or pre-operative, no operation is noted, just the approved trigger point injection. The requests are clinically excessive for a simple injection. Regarding preoperative clearance, neither the MTUS or ODG mentions this. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for non-cardiac surgery state that in the asymptomatic patient, a more extensive assessment of history and physical examination is warranted in those individuals 50 years of age or older because the evidence related to the determination of cardiac risk factors and derivation of a Revised Cardiac Risk Index occurred in this population. Preoperative cardiac evaluation must therefore be carefully tailored to the circumstances that have prompted the evaluation and to the nature of the surgical illness. (<http://circ.ahajournals.org/cgi/content/full/116/17/e418>) It is noted that the right 5th digit injection was the procedure to be done. This is a minor procedure which would not require medical clearance. Also, the components of the medical clearance are not specified. Ultimately, a trigger point injection is not an operation, but simply a shot and at best a procedure. The request was appropriately not medically necessary.

Initial post-operative therapy qty 8.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Various sections, including Back, under physical therapy, post injection.

Decision rationale: As shared, this claimant was injured in 2014, and there is a right fifth digit trigger finger. Treatment has included extracorporeal shock wave therapy and medicine. Though requests are called post or pre-operative, no operation is noted, just the approved trigger point injection. The requests are clinically excessive for a simple injection. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG suggests two PT sessions post injections. This request however is for 8. The request for 8 would have been unnecessary, and was appropriately not medically necessary.

Continuous cold therapy unit (indefinite use): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Cryotherapy.

Decision rationale: As noted, this claimant was injured in 2014, and there is a right fifth digit trigger finger. Treatment has included extracorporeal shock wave therapy and medicine. Though requests are called post or pre-operative, no operation is noted, just the approved trigger point injection. The requests are clinically excessive for a simple injection. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG is silent for the use of such units following a simple injection. An indefinite use is unnecessary. As an example, albeit for a different body region, regarding Cryotherapy or cold unit devices, the ODG notes in the Shoulder section: Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. Simple ice packs at home would be appropriate following a simple injection, but not this request for an indefinite use of a cold therapy unit. The request is appropriately not medically necessary.