

Case Number:	CM15-0034820		
Date Assigned:	03/04/2015	Date of Injury:	03/08/2011
Decision Date:	04/21/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/24/2015

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: Minnesota, Florida

Certification(s)/Specialty: Orthopedic 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 64 year old male with an industrial injury dated March 8, 2011. The injured worker diagnoses include osteoarthritis of the left hand, thumb sprain, chronic flexor pollicis longus tendinitis and left thumb arthritis, neck strain, trigger middle finger of the left hand status post left trigger release with tenolysis on 7/24/2013. He has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. According to the progress note dated 1/29/2015, the injured worker reported persistent locking of the left long finger. The treating physician prescribed services for left middle trigger digit release. Utilization Review determination on February 6, 2015 denied the request for left middle trigger digit release, citing MTUS, ACOEM and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left middle trigger digit release: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm Wrist & Hand (Acute & Chronic) (Not including "Carpal Tunnel Syndrome").

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271. Decision based on Non-MTUS Citation ODG: Section: Forearm, Wrist, Hand, Topic: Surgery for trigger finger, Injections.

Decision rationale: The disputed request pertains to the medical necessity of a trigger finger release involving the third digit. California MTUS guidelines indicate that one or 2 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. The documentation indicates that the injured worker received one corticosteroid injection into the thickened area of the flexor tendon sheath of the third digit. The date of the injection is not documented. Subsequent to that with recurrent triggering he did not receive a second injection but underwent a trigger finger release. ODG guidelines with regard to injections for trigger fingers indicate a significant recurrence rate in the first year after the injection procedure. The intent of the guideline pertaining to 1 or 2 injections was to use a single injection most of the time; however, if the single injection does not relieve triggering completely then a second injection may be indicated. However with recurrence at a subsequent date, the guidelines recommend a surgical release. This is due to a significant danger of tendon rupture with repeated injections which is well-known. ODG guidelines indicate that steroid injection therapy should be the first line of treatment of trigger fingers in nondiabetic patients. In diabetics the success rate of steroid injection is significantly lower. Even in nondiabetics the recurrence rate in the first year is considerable. ODG guidelines recommend percutaneous release when symptoms persist. Overall 94% excellent or good results are achieved with percutaneous release. The injured worker has a history of osteoarthritis as well as trigger finger. The steroid injection into the A1 pulley of the third digit resulted in temporary relief of symptoms but due to the thickening of the pulley itself, triggering recurred at a later date. The injured worker also has evidence of osteoarthritis in the hand which explains the fact that the effect of the corticosteroid injection was temporary and surgery became necessary. In light of the foregoing, the trigger finger release is supported by guidelines, and as such, the medical necessity of the procedure is established.