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| <b>Case Number:</b>   | CM15-0035152 |                              |            |
| <b>Date Assigned:</b> | 03/03/2015   | <b>Date of Injury:</b>       | 09/15/2013 |
| <b>Decision Date:</b> | 04/13/2015   | <b>UR Denial Date:</b>       | 01/28/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 September 15, 2013. The injured worker diagnoses include cervical spine sprain/strain with radiculopathy, lumbar spine strain, left shoulder rotator cuff tendinitis and alleged aggravation of hypertension. He has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. According to the progress note dated 12/10/2014, the injured worker reported intermittent neck pain, left shoulder pain, severe intermittent left hand pain and intermittent moderate low back pain. Left hand exam revealed tenderness to palpitation over the left thumb and inability to make a closed fist. The treating physician prescribed services for left thumb/middle trigger finger release. Utilization Review determination on January 28, 2015 denied the request for left thumb/middle trigger finger 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 Thumb/Middle Trigger Finger Release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Forearm, Wrist & Hand Chapters.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, hand, Anesthesia (for percutaneous trigger finger release).

**Decision rationale:** The MTUS does recommend trigger finger injections with corticosteroid. The ODG states that anesthesia is "Recommended. Percutaneous trigger finger release can be performed as an office procedure with the use of transdermal anesthesia using eutectic mixture of lidocaine and prilocaine (EMLA) avoiding the use of injectable local infiltration anesthesia. (Yiannakopoulos, 2006)." In this case, the medical records fail to document a physical exam consistent with trigger finger. As such, the request for Left Thumb/Middle Trigger Finger Release is not medically necessary.