

<b>Case Number:</b>	CM15-0058781		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	05/02/2012
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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 65-year-old female, who sustained an industrial injury on 5/2/2012 after which she has undergone extensive treatment including surgeries on her shoulder, both knees and both hands. The current diagnosis of right index finger trigger finger is initially mentioned in a December 15, 2014 agreed medical evaluators report and by a treating physician on February 3, 2015. There has not been any treatment of the right index finger triggering. The request is for surgical release of the right index finger.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger release, right index finger:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

**Decision rationale:** The CA MTUS notes that one or two injections "are almost always sufficient to cure" trigger fingers. No injections have been performed in this case. It is not

reasonable to proceed with surgery, which carries greater risk without having performed routine non-surgical treatment, which is known to be effective. Therefore, the request is not medically necessary and appropriate.