

Case Number:	CM15-0089212		
Date Assigned:	05/13/2015	Date of Injury:	05/06/2014
Decision Date:	08/24/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/08/2015

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 62 year old female, who sustained an industrial injury on 05/06/2014. She has reported injury to the bilateral hands/wrists and elbows. The diagnoses have included bilateral tenosynovitis of hands/wrists; and trigger finger. The injured worker has a history of right carpal tunnel release in 1998, and left carpal tunnel release in 1999. Treatment to date has included medications, diagnostics, splinting, and physical therapy. A progress report from the treating physician, dated 02/12/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of bilateral hand pain; gradual onset of wrist pain; the pain is sharp and located volarly; she has difficulty in the morning moving her long and ring fingers; there has been triggering, which is worse on the right; she has weakness of the hand; and sensation is intact in the hand. Objective findings included pain about a nodule in the flexor tendon to the flexor tendons to the long and ring fingers. In a progress report, dated 04/23/2015, the provider notes that there is triggering of the long finger. The treatment plan has included the request for right long and ring trigger finger release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right long and ring trigger finger release: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Forearm, Wrist, and Hand.

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

Decision rationale: This is a request for trigger finger surgery. Provided records indicate no injections have been performed. The California MTUS notes, "One or two 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." With effective non-surgical treatment not having been tried, surgical treatment which carries greater risks is not appropriate at this time.