

<b>Case Number:</b>	CM15-0241163		
<b>Date Assigned:</b>	12/18/2015	<b>Date of Injury:</b>	11/08/2012
<b>Decision Date:</b>	01/26/2016	<b>UR Denial Date:</b>	11/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2015

### 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, Virginia, North Carolina  
 Certification(s)/Specialty: Plastic 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 61 year old female who sustained an industrial injury on November 08, 2012. As reported October 2015 she is not working at the present time. The IW is being treated for: injury and pain to bilateral shoulder, knees and hands. Objective: PE October 2015 noted evidence of significant lateral down sloping of the acromion bilaterally with spurring. There is noted shoulder weakness and limited AROM, but good PROM and positive impingement signs bilaterally. Diagnostic: EMG NCV UE; MRI shoulders. Medication: March 2015: Duexis, Motrin. Treatment: DME thumb braces, patellar braces, medication, activity modification, RFA for injection and PT course; HEP, 2014 bilateral shoulder arthroscopy; left wrist and hand surgery approved December 2014; January 01, 2015 underwent interpositional arthroplasty of the left thumb, CMC joint and CTS release; post operative PT sessions noted completed in May 2015. On November 06, 2015 a request was made for post operative PT sessions 9 to left long trigger finger that were noncertified by Utilization Review on November 12, 2015. The patient is noted to have evidence of a painful left long finger trigger finger based on subjective and objective findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Release left long trigger finger: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** The patient is a 61 year old with signs and symptoms of a left long finger trigger finger. Based on the medical records provided for this review, there was not documentation of a steroid injection to the left long finger. From ACOEM, Chapter 11, page 271, “One or two 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.” As there has not been adequate documentation of a steroid injection to the left long finger, trigger release should not be considered medically necessary.

**Post-operative physical therapy 3 times a week for 3 weeks left long trigger finger:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.