MAXIMUS Federal Services

Case Number:	CM14-0144501		
Date Assigned:	10/14/2014	Date of Injury:	09/22/2008
Decision Date:	11/25/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Minnesota. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 51 year old male with chronic triggering of the right fourth finger. He has bilateral upper extremity issues and underwent several surgical procedures including two right shoulder arthroscopies in 2009 and 2012, left shoulder arthroscopy in 2009, and bilateral carpal tunnel releases at different times in 2013. The mechanism of injury of the right fourth finger is not reported. An agreed medical exam report dated 4/17/2014 documents one corticosteroid injection into the tendon sheath of the right fourth finger in January 2014. The finger stopped triggering for an unknown period of time but then the problem recurred. The treating physician documents 4 injections into the tendon sheath of the ring finger in his progress note dated 4/30/2014 but does not document the results. He then advised surgery. The disputed issues pertain to the requested A1 pulley release of the right fourth finger and pre-operative medical clearance, various labs, and an EKG. The records include normal results for a prior comprehensive pre-op medical evaluation, EKG, and labs in July 2014. Medical issues include a history of anxiety and depression. The worker is no longer on Prozac per available notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Ring A1 Pulley Trigger Finger Release: Overturned

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, Percutaneous release

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271, 272.

Decision rationale: California MTUS guidelines indicate one or two injections into the thickened A1 pulley of the affected finger are almost always sufficient to cure the symptoms and restore function. However, repeated or frequent injections into the tendon sheath are not recommended as it may lead to rupture of the tendon. If one or two injections are not sufficient, a procedure under local anesthesia may be necessary to permanently correct the persistent triggering. The worker has had 4 injections into the right ring finger A1 pulley and his problem persists. Therefore I am reversing the UR decision and establishing the medical necessity of the A1 pulley release of the right ring finger as requested which is also supported by guidelines. The release may be performed percutaneously or open under local anesthesia per guidelines. The prior UR review was based upon incomplete medical records. Additional information is now available. Therefore, this request is medically necessary.

Pre-Operative Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.guideline.gov

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Chronic Pain, Topic: Office visits.

Decision rationale: The California MTUS does not address this issue. Official Disability Guidelines recommend office visits to a medical doctor if there is need based upon patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. In light of the negative prior evaluation medical necessity is not established. The procedure requested is a minor procedure performed under local anesthesia and can even be performed percutaneously. The last comprehensive medical evaluation of July 2014 and the labs, and EKG were all normal. In the absence of co-morbidities, in light of the history and physical examination as documented, the need for another medical clearance in a low risk procedure under local anesthesia is not medically necessary per Official Disability Guidelines.

Pre-Operative CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative lab testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Pre-operative lab testing, CBC

Decision rationale: California MTUS does not address this issue. Official Disability Guidelines indicate necessity of a pre-operative CBC only in patients with diseases in which there is a risk of anemia or in surgical procedures in which excessive blood loss is expected. Based upon the clinical history and examination findings and the results of the last CBC of July 2014 as well as the minor nature of the surgery a preoperative CBC is not medically necessary per guidelines. Therefore, this request is not medically necessary.

Post-Operative Physical Therapy QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22, 10, 11.

Decision rationale: The post-surgical physical therapy treatment for a trigger finger release is 9 visits over 8 weeks. The physical medicine time period is 4 months. The guidelines recommend an initial course of therapy consisting of one half of the total number of visits for that surgical procedure. Based upon documented functional improvement a subsequent course of therapy may be prescribed within the parameters of the total number for that surgery and may be extended further if it is likely to help. The requested 12 sessions exceed the guidelines and are not medically necessary.

Pre-Operative Prothrombin time: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative lab testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Criteria for Pre-operative lab testing

Decision rationale: California MTUS does not address this issue. The Official Disability Guidelines pre-operative lab criteria reserve coagulation studies for those patients with a history of bleeding, or medical conditions that predispose them to bleeding. Pro-Time is also necessary for patients on Coumadin therapy. Based upon a review of the records and the normal Pro-Time in July, a repeat Pro-Time is not medically necessary.

Pre-Operative PTT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative lab testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Low Back, Topic: Criteria for Pre-operative lab testing

Decision rationale: California MTUS does not address this issue. According to the Official Disability Guidelines criteria for pre-operative lab testing reserve coagulation studies for those patients with a history of bleeding disorders or diseases that predispose them to bleeding. PTT is also necessary for patients on Heparin. The last PTT in July was normal. A repeat PTT is therefore not medically necessary based upon guidelines.

Pre-Operative Electrolyte Panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative lab testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Low back, Topic: Pre-operative lab testing

Decision rationale: The California MTUS does not address this issue. According to the Official Disability Guidelines, pre-operative lab criteria electrolyte testing is necessary in those patients with underlying chronic diseases or if they are taking medications that may cause electrolyte imbalance or renal failure. Based upon a review of the available records electrolyte testing is not medically necessary.

Pre-Operative BUN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative lab testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Low back, Topic: Pre-operative lab testing

Decision rationale: The California MTUS does not address this issue. In the absence of a history of underlying chronic diseases or a history of taking drugs that may affect renal function Official Disability Guidelines criteria do not recommend routine pre-operative testing of BUN and Creatinine. Therefore, this request is not medically necessary.

Pre-Operative Chem 7 Panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative lab testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Low back, Topic: Preoperative lab testing

Decision rationale: California MTUS does not address this issue. Routine pre-operative chemistries were negative in July. Official Disability Guidelines do not support such testing without an indication of underlying disease or taking medication that may necessitate such testing. The chemistry 7 panel is therefore not medically necessary per guidelines.

Pre-Operative Urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative lab testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Low back, Topic: Preoperative lab testing, Urinalysis

Decision rationale: The California MTUS does not address this issue. Official Disability Guidelines are used. Preoperative urinalysis is indicated in patients undergoing invasive urologic procedures and those having implantation of foreign material. Based upon a review of the medical records a preoperative urinalysis is not medically necessary.

Pre-Operative EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative lab testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section Low back, Topic: Pre-operative testing, general, Pre-operative Electrocardiogram

Decision rationale: CA MTUS does not address this issue. ODG guidelines are used. Pre-operative EKG is The California MTUS does not address this issue. Official Disability Guidelines are used. Pre-operative EKG is recommended for patients undergoing high risk surgery and those undergoing intermediate risk surgeries with additional risk factors. A trigger finger release under local anesthesia does not constitute any of the above. Furthermore, the July EKG was normal and there is no indication of cardiovascular disease. Based upon Official Disability Guidelines the pre-operative EKG is not medically necessary.