

Case Number:	CM14-0163528		
Date Assigned:	10/08/2014	Date of Injury:	04/05/2011
Decision Date:	11/07/2014	UR Denial Date:	09/27/2014
Priority:	Standard	Application Received:	10/06/2014

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 Internal Medicine and is licensed to practice in Oregon. 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 patient is a 51 year old female with a date of injury of 4/5/2011. Under consideration is the prospective request for 1 right trigger finger release surgery, 1 pre-op medical clearance, 8 sessions of post-op physical therapy, and 1 continuous cold therapy unit. The 8/13/14 examination noted reduction of triggering of the right ring finger following 7/10/14 injection. Relevant objective findings from the examination included mild triggering of the ring finger and tenderness of the 1st extensor compartment and A1 pulley at index, middle, ring and small finger. Treatment for this patient's condition has included medication, injection, physical therapy, and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ring finger trigger release surgery: 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: According to the ACOEM guidelines 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." The patient only had one injection, and symptoms were significantly improved with the injection. A second injection is a reasonable treatment rather than surgery.

Pre- op medical clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: "Practice advisory for preanesthesia evaluation. An updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation." (American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology*. 2012 Mar;116(3):522-38)

Decision rationale: According to the guidelines:-Content of the preanesthetic evaluation includes, but is not limited to, (1) readily accessible medical records, (2) patient interview, (3) a directed preanesthesia examination, (4) preoperative tests when indicated, and (5) other consultations when appropriate. At a minimum, a directed preanesthetic physical examination should include an assessment of the airway, lungs, and heart.-Timing of the preanesthetic evaluation can be guided by considering combinations of surgical invasiveness and severity of disease, as shown in table 2 in appendix 2 in the original guideline document.-Limitations in resources available to a specific healthcare system or practice environment may affect the timing of the preanesthetic evaluation.-The healthcare system is obligated to provide pertinent information to the anesthesiologist for the appropriate assessment of the invasiveness of the proposed surgical procedure and the severity of the patient's medical condition well in advance of the anticipated day of procedure for all elective patients.-Routine preoperative tests (i.e., tests intended to discover a disease or disorder in an asymptomatic patient) do not make an important contribution to the process of perioperative assessment and management of the patient by the anesthesiologist.-Selective preoperative tests (i.e., tests ordered after consideration of specific information obtained from sources such as medical records, patient interview, physical examination, and the type or invasiveness of the planned procedure and anesthesia) may assist the anesthesiologist in making decisions about the process of perioperative assessment and management.-Decision-making parameters for specific preoperative tests or for the timing of preoperative tests cannot be unequivocally determined from the available scientific literature. Specific tests and their timing should be individualized and based upon information obtained from sources such as the patient's medical record, patient interview, physical examination, and the type and invasiveness of the planned procedure. In this case, the records do not document any medical issues that require selective preoperative testing. Moreover, the surgery is not approved and therefore testing is not required.

8 sessions of post -op physical therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical therapy .

Decision rationale: Per MTUS:Trigger finger (ICD9 727.03):Postsurgical treatment: 9 visits over 8 weeks*Postsurgical physical medicine treatment period: 4 monthsThe requested trigger release is not medically necessary and therefore the therapy is not required.

1 Continuous cold therapy unit: 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): 272.

Decision rationale: ACOEM states " Patient's at home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by therapists." Home application of an ice pack is reasonable. The procedure is not certified and therefore a home cold unit is not indicated.