

Case Number:	CM14-0088740		
Date Assigned:	07/23/2014	Date of Injury:	05/18/2013
Decision Date:	10/14/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/10/2014

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 Occupational Medicine and is licensed to practice in California. 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:

According to the records made available for review, this is a 50-year-old female with a 5/18/13 date of injury. At the time (5/30/14) of request for authorization for left and right thumb trigger finger release, Xray for bilateral elbow, and Xray bilateral wrist with AP lateral and carpal tunnel views, there is documentation of subjective (continuous bilateral wrist pain with numbness and tingling radiating to the elbows; continuous bilateral elbow pain, and continuous bilateral thumb pain) and objective (positive locking of the thumbs and positive Tinel's and Phalen's signs of the bilateral wrists) findings, imaging findings (X-rays of the wrists (5/22/13 and 1/21/14) report revealed negative and unremarkable studies; X-rays of the elbows (1/21/14) report revealed unremarkable findings), current diagnoses (bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, and bilateral trigger thumbs), and treatment to date (medication and physical modalities). Regarding left and right thumb trigger finger release, there is no documentation of failure of additional conservative treatment (one or two injections of lidocaine and corticosteroids into or near the thickened area of the flexor tendon sheath of the affected finger). Regarding Xray for bilateral elbow and Xray bilateral wrist with AP lateral and carpal tunnel views, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (to diagnose a change in the patient's condition marked by new or altered physical findings).

IMR ISSUES, DECISIONS AND RATIONALES

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

Left and right thumb trigger finger release: 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): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand, Percutaneous release (of the trigger finger and/or trigger thumb)

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of failure of conservative treatment (one or two injections of lidocaine and corticosteroids into or near the thickened area of the flexor tendon sheath of the affected finger), as criteria necessary to support the medical necessity of trigger finger release. ODG identifies that trigger finger is a condition in which the finger becomes locked in a bent position because of an inflamed and swollen tendon and that percutaneous release (of the trigger finger and/or trigger thumb) is recommended where symptoms persist. Within the medical information available for review, there is documentation of diagnoses of bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, and bilateral trigger thumbs. In addition, given documentation of subjective (continuous bilateral thumb pain) and objective (positive locking of the thumbs) findings, there is documentation that the thumb is locked in a bent position. However, despite documentation of conservative treatment (medication and physical modalities), there is no documentation of failure of additional conservative treatment (one or two injections of lidocaine and corticosteroids into or near the thickened area of the flexor tendon sheath of the affected finger). Therefore, based on guidelines and a review of the evidence, the request for Left and right thumb trigger finger release is not medically necessary.

Xray for bilateral elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33. Decision based on Non-MTUS Citation Other Medical Treatment Guidelines: Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of emergence of a red flag, failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological dysfunction that has been shown to be correctible by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctible lesion is confirmed, as criteria necessary to support the medical necessity of elbow x-ray. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the

efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of repeat imaging. Within the medical information available for review, there is documentation of diagnoses of bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, and bilateral trigger thumbs. In addition, there is documentation of a previous radiograph of the elbows performed on 1/21/14 identifying unremarkable findings. However, despite documentation of subjective (continuous bilateral elbow pain) findings, and given no documentation of objective findings of the elbow, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (to diagnose a change in the patient's condition marked by new or altered physical findings). Therefore, based on guidelines and a review of the evidence, the request for Xray for bilateral elbow is not medically necessary.

Xray bilateral wrist with AP lateral and carpal tunnel views: 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): 268. Decision based on Non-MTUS Citation Other Medical Treatment Guidelines: Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of a four-to-six week period of conservative care and observation, provided red flags conditions are ruled out, as criteria necessary to support the medical necessity of hand/wrist x-ray. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat imaging. Within the medical information available for review, there is documentation of diagnoses of bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, and bilateral trigger thumbs. In addition, there is documentation of 2 previous radiographs of the wrists performed on 5/22/13 and 1/21/14 identifying negative and unremarkable studies. However, despite documentation of subjective (continuous bilateral wrist pain with numbness and tingling radiating to the elbows) and objective (positive Tinel's and Phalen's signs of the bilateral wrists) findings, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (to diagnose a change in the patient's condition marked by new or altered physical findings). Therefore, based on guidelines and a review of the evidence, the request for Xray bilateral wrist with AP lateral and carpal tunnel views is not medically necessary.