

<b>Case Number:</b>	CM14-0097391		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	05/22/2013
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 Plastic and Reconstructive Surgery and is licensed to practice in Maryland, Virginia, and North Carolina. 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 53 year old male with a reported date of injury on 5/22/13 due to trauma to the right hand. The patient had undergone previous right middle finger trigger finger release on 11/12/13. Documentation from physical therapy is noted on 12/3/13, 12/6/13, 12/10/13 following right trigger finger release. A home exercise program is noted. The patient had completed 8/8 appointments. Progress report dated 12/18/13 notes the patient is approximately 5-1/2 weeks following right long finger trigger release and is overall doing well. He still complains of some swelling of the right long finger. Strength testing notes asymmetrical strength with right side less than the left. The patient is noted to have some residual pain and swelling. Recommendation is made for aggressive occupational therapy and strengthening. Progress report dated 1/15/14 notes the patient still complains of some minimal amount of clicking. Patient has full range of motion and is not working. 'I do not feel any triggering or locking in the A1 pulley of the right long finger.' Strength testing notes asymmetrical strength with right side less than the left. The patient is noted to have some residual swelling. Recommendation is made for restricted activity. Progress report dated 1/29/14 notes the patient still complains of some mild clicking and some tenderness. Patient has full range of motion and no triggering or locking. Strength testing notes asymmetrical strength with right side less than the left. The patient is noted to have residual mild triggering. Recommendation is made for restricted activity and home treatment. Documentation from physical therapy is noted on 3/5/14 with a diagnosis of right middle finger trigger release with residuals. X-ray report dated 3/12/14 notes no evidence of fracture but an accessory ossicle adjacent to the 1st metacarpal. Progress report dated 3/31/14 notes the patient with continued painful clicking of the right middle finger. Examination notes triggering of the right middle finger. Request was made for hand specialist evaluation. Secondary treating physician report dated 4/16/14 notes right middle finger pain with swelling that worsens

with use. In the history of treatment, the patient is noted to have had no formal initial treatment following his injury. Then, in July when his symptoms worsened, he was evaluated by the company clinic. He was treated with follow-up examination, X-rays of the right hand and physical therapy without relief. 'A cortisone injection was given to the right hand without relief. On November 12, 2013, he had surgery to his right hand with postoperative therapy with some relief.' Examination of the right hand notes a longitudinal incision that is well healed over the A-1 pulley of the middle finger. There is tenderness over the A-1 pulley. There is audible and palpable clicking. There is not complete locking, however there is triggering. Under discussion and plan, the patient is noted to have continued triggering and pain following his previous release. 'The patient has had multiple cortisone injections and prior trigger finger release which has not been successful.' Recommendation is made for right middle finger trigger finger release. Due to possible scar build up, recommendation is also made to apply a tissue adhesive barrier around his flexor tendons to prevent further scar tissue formation. Primary treating physician report dated 4/19/14 concurs with the recommendation of the secondary treating physician for right middle finger trigger finger release. Progress report dated 4/30/14 notes recommendation from the orthopedic evaluation for revision of the right middle finger release. Examination notes triggering of the right middle finger. Request was made for revision right middle finger trigger release. Utilization review dated 6/2/14 did not certify right middle finger trigger finger release as well as application of tissue adhesive barrier during surgery, assistant surgeon and postoperative physical therapy x 8. Reasoning given was that it was unclear if the patient had had cortisone injection to the affected finger after his previous surgery, as recommended by ACOEM.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Right middle finger trigger finger release as well as application of tissue adhesive barrier during surgery:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271. Decision based on Non-MTUS Citation Official Disability guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265 and 271..

**Decision rationale:** The patient is a 53 year old male who had previously undergone right middle finger trigger release. He underwent post-operative physical therapy and a home exercise program, but continued to complain of triggering that was supported by more recent examination. The patient is stated to have undergone multiple cortisone injections; however this is not supported by the medical records provided for this review following his trigger finger release on 11/12/13. It appears that the only stated injection is prior to this surgery. The surgeon that performed the surgery does not document any cortisone injections in the follow-up documentation provided for this review. The requesting surgeon and primary treating physician do not document specific cortisone injection to the right middle finger after the surgery performed on 11/12/13 as well. The requesting surgeon only states that multiple cortisone injections were performed. However, this is not supported by the medical records provided following the 11/12/13 surgery. From ACOEM, Forearm, wrist and hand complaints page 265 notes: Trigger finger, if significantly symptomatic, is probably best treated with a

cortisone/anesthetic injection at first encounter, with hand surgery referral if symptoms persist after two injections by the primary care or occupational medicine provider (see Table 11-4). Further from 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. In summary, the patient appears to have failure for complete resolution following his previous right middle finger trigger release with continued triggering. However, the medical records do not specifically document cortisone injection after this surgical release. Thus, according to ACEOM, additional surgical release should not be considered medically necessary for this patient. This is consistent with the findings of the utilization review.

**Assistant Surgeon:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Post-op Physical Therapy #8:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the procedure was deemed medically necessary, postoperative physical therapy is not medically necessary.