

Case Number:	CM14-0213349		
Date Assigned:	01/12/2015	Date of Injury:	03/15/1999
Decision Date:	02/28/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 67 year old female with an injury date of 03/15/99. Based on the 10/30/14 phone visit report, the patient complains of painful left ring finger contracture. The patient has had a left 4th finger trigger injection dated 12/13/13 with great result until the past few weeks. The patient has history of Gastric Bypass. The patient has positive for new Dupuytren's contracture left 4th, and positive for chronic trapezius myofascial pain. The patient reports that Dupuytren's started a few months post-op left thumb surgery on 11/25/13. The patient also complains of right shoulder pain. Current medications are Cozaar, HCTZ, Lasix, Atenolol, bASA, Simvastin, Metformin, and pm Flexeril. The Diagnosis is Left thumb degenerative arthritis. The current work status is modified duty with permanent restrictions. Per 11/06/14 report, the left ring finger has pain all day with locking especially in the AM. There is tenderness to palpation on left right finger with mild dorsal tightness and active triggering. The left ring finger trigger point injection was done with 1ml dexamethasone and 1ml 2%licocaine on 11/06/14. The treating physician is requesting orthopedic consult and treatment (Dupuytren's injection) on 10/31/14. The utilization review determination being challenged is dated 12/03/14. The requesting provider provided treatment reports on 10/30/14 and 11/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consult and treatment (Dupuytren's injection): Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 page 127, Orthopedic consult; Official Disability Guidelines (ODG) hand chapter, collagenase clostridium histolyticum (Xiaflex)

Decision rationale: The patient presents with painful left ring finger contracture. The request is for orthopedic consult and treatment (Dupuytren's injection). The request was certified by utilization review letter dated 12/03/14 with modification to orthopedic consult x1 only. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Regarding Dupuytren's injection, ODG guideline hand chapter discuss collagenase clostridium histolyticum (Xiaflex) and states Recommended for the treatment of Dupuytren's contracture, upon final FDA approval of the drug. In this case, the patient has recurrent left ring finger pain with Dupuytren's contracture. According to 10/30/14 report, the treater documented that the patient is positive for new Dupuytren's contracture left 4th finger and it started a few months post-op left thumb surgery dated 11/25/13. MTUS page 8 states that the treater must monitor the patient's progress and make appropriate treatment recommendations. Given the recurrence of painful left ring finger contracture, the request the orthopedic consultation is reasonable if the treater feels that a specialty consultation is needed. Also, Dupuytren's injectin is recommended by the guideline to treat Dupuytren's contracture. The request is medically necessary.