

Case Number:	CM14-0213395		
Date Assigned:	12/30/2014	Date of Injury:	05/20/2009
Decision Date:	02/27/2015	UR Denial Date:	12/02/2014
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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic Surgery

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 38 year old female with a reported date of injury on 5/20/09 who requested authorization for trigger finger release of the left fourth finger, right index and fourth finger. Documentation from 11/18/14, notes that the patient is recommended by the hand surgeon for left fourth finger trigger release, right fourth finger release and possible revision of the right index finger. Current complaints consist of triggering and locking of the left fourth finger and recurrent triggering of the right index and fourth finger. The patient is noted to have had a steroid injection of the right index and long finger as of 9/18/12. Stated documentation from 4/15/14, notes that a steroid injection was recommended for the right index finger and left fingers. Examination notes surgical bandage of the right index finger and thus right finger exam was not done. There was no triggering noted of the right long finger. There is triggering of the left fourth finger documented. Recommendation was made for trigger finger release for the left fourth, right fourth and right index fingers, 'because of failed cortisone injection and also failed surgery, especially right index finger.' Documentation from hand surgery dated 11/6/14 notes that the patient has worsening triggering of the left ring finger. Examination notes active locking of the left ring finger and a cystic mass. Recommendation is made for left ring finger trigger release that had not responded to cortisone injection. Documentation from 8/26/14, notes that the patient underwent cortisone injection to the A-1 pulley to the right index, right ring and left ring fingers. Documentation from 8/27/14, notes that the patient is still having difficulty with triggering of both ring fingers and right index finger. The patient was stated to have had injections for trigger fingers but that did not help. Current complaints include triggering and

locking of the left fourth finger, as well as recurrent triggering of right index and middle finger, temporarily resolved after the steroid injection. Stated QME findings from 10/17/13, note future care to include surgical release of A-1 pulley in both hands for residual trigger finger. Under recommendations, "The patient did receive additional cortisone injection for the trigger fingers and she is still having triggering of the fingers, i.e. right index finger and triggering of the left fourth and fifth fingers as well as thumbs. Documentation from 7/17/14 notes that the patient is still having difficulty with triggering of both ring fingers and right index finger and cortisone injections had not been done because we are awaiting authorization from the insurance carrier. Current complaints include triggering and locking of the left fourth finger, as well as recurrent triggering of right index and middle finger, temporarily resolved after the steroid injection. A request had previously been made for cortisone injection to the right index finger as well as additional right and left fingers. Documentation from 5/21/14, notes that the patient is still having difficulty with triggering of both ring fingers and right index finger. A request was made for cortisone injection to the right index finger as well as additional right and left fingers. UR dated 12/2/14 did not certify the left fourth finger trigger release stating that there is no documented injection to the left fourth finger. Trigger release of the right index and fourth finger was certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Finger Release Left fourth finger: 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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 271 and 273.

Decision rationale: The patient is a 38 year old female with well-documented triggering of the right index, right fourth and left fourth fingers. This has persisted despite conservative management, including specific documentation of a steroid injection on 8/26/14. 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. Further from page 273, table 11-7, surgical considerations are warranted after failure of non-operative management, which includes an initial injection of a steroid. Thus, there is sufficient documentation of the patient's triggering of the left fourth finger and evidence of failure of conservative management including a steroid injection specifically documented on 8/26/14. Thus, this should be considered medically necessary. The UR reviewer noted that there was not evidence of a steroid injection of the left fourth finger; however, this is specifically documented

on 8/26/14 and subsequent failure of this treatment from multiple following reports. Therefore, Trigger Finger Release Left fourth finger is medically necessary.