

Case Number:	CM14-0218539		
Date Assigned:	01/08/2015	Date of Injury:	01/28/2013
Decision Date:	03/24/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	12/30/2014

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic 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 injured worker is a 58 year old female with a date of injury as 01/28/13. The patient has been diagnosed with bilateral carpal tunnel syndrome, right trigger thumb, and right interphalangeal (IP) joint contracture. Conservative treatment included splinting, right trigger thumb injection, medications, and H-wave unit. The 5/2/13 electrodiagnostic report documented moderate bilateral carpal tunnel syndrome. The 7/9/14 right hand MRI documented mild flexor pollicis longus tenosynovitis. There was subchondral cystic change at the 3rd metacarpal with degenerative change, mild degenerative change in the 1st carpometacarpal joint, and effusion at the 4th metocarpophalangeal joint. Right trigger thumb release and right carpal tunnel release were certified in utilization review on 10/28/14, the medical necessity of capsulectomy was not supported. The 10/28/14 treating physician appeal report indicated that the patient had developed a contracture due to a locked trigger thumb. She had tried splinting the interphalangeal joint but it was extremely painful. The only way to effectively work on a bracing or splinting program was to first release the trigger thumb and then establish whether there was a contracture. The contracted interphalangeal joint is either due to the persistence of the locked trigger thumb or an intrinsic contracture across the interphalangeal joint. The surgical plan was to release the trigger thumb and evaluate the interphalangeal motion. If, by releasing the thumb the contracture improves, then capsulectomy would not be performed. If there is no improvement after releasing the trigger thumb, then a capsulectomy would be indicated. The utilization review performed on 12/24/14 non-certified a request for capsulectomy thumb joint based on medical necessity was

not established. The reviewer referenced the Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsulectomy of thumb joint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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): 271. Decision based on Non-MTUS Citation Forearm, Wrist & Hand: Percutaneous release (of the trigger finger and/or trigger thumb)

Decision rationale: The California MTUS guidelines support trigger finger surgery when corticosteroid injections have failed. The Official Disability Guidelines state that surgical release of the A1 pulley for treatment of trigger finger normally produces excellent results. However, in patients with long-standing disease, there may be a persistent fixed flexion deformity of the proximal interphalangeal joint due to a degenerative thickening of the flexor tendons. Treatment by resection of the ulnar slip of flexor digitorum superficialis tendon is indicated for patients with loss passive extension in the proximal interphalangeal joint and a long history of triggering. There is no evidence based medical guideline, medical textbook, or peer-reviewed literature support for capsulectomy. Guideline criteria have not been met. This patient presents with a locked trigger thumb. Percutaneous release has been certified in utilization review. Guidelines would additionally support resection of the ulnar slip of flexor digitorum superficialis tendon for loss of passive extension. Given the lack of guideline support, this request is not medically necessary.