

Case Number:	CM15-0002672		
Date Assigned:	01/14/2015	Date of Injury:	02/17/2006
Decision Date:	03/25/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/06/2015

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: Orthopedic Surgery, Sports Medicine

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 60-year-old male who reported an injury on 02/17/2006. The mechanism of injury was not provided. The injured worker was noted to undergo a right carpal tunnel release on 02/13/2008, left shoulder surgery on 09/29/2008, left carpal tunnel release on 03/10/2009, right shoulder surgery on 12/08/2009, cervical spine surgery on 01/09/2012, a right trigger finger release on 11/01/2012, and a repeat right carpal tunnel release in 2012. The documentation of 12/12/2014 revealed the injured worker had a right long trigger finger and some tingling in the long right digits. The physical examination revealed evidence of a right long trigger finger. The injured worker additionally had mild Tinel's overlying the ulnar nerve at the elbow and mild persistent medial and lateral epicondylar signs. The diagnoses included right long trigger finger. The treatment plan included a request was made for a trigger finger release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Long Finger Trigger Release: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The American College of Occupational and Environmental Medicine indicates trigger finger surgery is appropriate when there has been documentation of 1 or 2 injections of lidocaine and corticosteroids into or near the thickened area of the flexor tendon sheath of the affected finger. Additionally, they indicate that hand surgery consultation is appropriate for injured workers who have a failure to respond to conservative management and who have clear clinical signs of a lesion that has been shown to benefit in both the short and long term from surgical intervention. The clinical documentation submitted for review indicated the injured worker had a right long finger trigger. However, there was a lack of documentation of a failure of conservative care including documentation of the dates of injections and the injured worker's response to the injections. Given the above, the request for a right long finger trigger release is not medically necessary.