

<b>Case Number:</b>	CM15-0005775		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	05/22/2012
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: 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 injured worker is a female, who sustained an industrial injury on May 22, 2012. She has reported a trigger finger. The diagnoses have included status post release, A-1 pulley, left ring finger and flexion contracture deformity of the left right and little fingers. Treatment to date has included trigger finger release on two occasions. Currently, the injured worker complains of mild contracture of the ring and little finger of the left hand. The evaluating physician noted that the fingertips of these fingers were in the palm and stuck there. When the evaluating physician tried to pull the fingers out, the injured worker reacted with discomfort. The positions of those fingers are that the metacarpophalangeal joint are at 90 degrees, the proximal interphalangeal joint are at 90 degrees and the distal interphalangeal joint are at 180 degrees. On December 12, 2014, Utilization Review non-certified an examination of the left ring finger and the left little finger under general anesthesia, Vicodin 5/500 mg #30, cephalosporin 250 mg #16 and post-operative occupational therapy two times per week for six weeks for the left hand, noting that there should be documentation of clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and because the surgery was not certified, the associated surgical requests were non-certified. The California Medical Treatment Utilization Schedule ACOEM guidelines were cited. On January 12, 2015, the injured worker submitted an application for IMR for review of examination of the left ring finger and the left little finger under general anesthesia, Vicodin 5/500 mg #30, cephalosporin 250 mg #16 and post-operative occupational therapy two times per week for six weeks for the left hand.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Examination of the left ring finger and left little finger under general anesthesia:**

Overtured

**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 (ODG) Forearm, Wrist & Hand Chapter

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

**Decision rationale:** The patient is noted to have undergone previous trigger finger release and now has significant contractures. A request had been made for an examination under anesthesia due to the contractures. This can be considered a complication of the original surgery and thus further exploration should be considered appropriate and medically necessary. From ACOEM, page 270, Referral for hand surgery consultation may be indicated for patients who: -Have red flags of a serious nature-Fail to respond to conservative management, including worksite modifications-Have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. The patient has a history of trigger finger who now has significant tip in palm contracture. Thus, operative evaluation should be considered medically necessary to evaluate the reason for this contracture.

**Vicodin 5/500 mg #30:** Overtured

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

**Decision rationale:** The patient is noted to have previous trigger fingers and previous release who now has significant contracture that is painful with examination. Thus, with the planned surgery it is reasonable to have narcotic pain medication coverage. The requested treatment of Vicodin 5/500mg #30 is medically necessary.

**Cephalosporin 250 mg #116:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearing House

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

**Decision rationale:** The patient is approved for surgical evaluation under anesthesia. However, there is no indication for antibiotic treatment following this evaluation. The patient is not noted to have a concern for infection and there is no indication for post-operative antibiotics. Thus, Cephalosporin after the surgery should not be considered medically necessary. An examination under anesthesia does not generally imply an incision and thus antibiotics would not be necessary.

**Post-operative occupational therapy, twice a week for six weeks for the left hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

**Decision rationale:** As the operative intervention with examination under anesthesia is considered medically necessary, post operative occupational therapy should be considered medically necessary. As the initial surgery was related to trigger finger, the post operative recommendations should be considered relevant. The overall number of treatments requested is 12 which exceeds the recommendation as described below. Thus, 2x6 should not be considered medically necessary. Trigger finger (ICD9 727.03): Postsurgical treatment: 9 visits over 8 weeks- Postsurgical physical medicine treatment period: 4 months.