

Case Number:	CM15-0018204		
Date Assigned:	02/06/2015	Date of Injury:	04/09/2013
Decision Date:	03/25/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/30/2015

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 23-year-old male, with a reported date of injury of 04/09/2013. The diagnosis includes bilateral trigger thumb. Treatments have included acupuncture, bracing, activity modification, and oral medication. The progress report dated 12/06/2014 indicates that the injured worker had bilateral thumb locking and bilateral hand pain. The objective findings included a positive Phalen's test bilaterally, and tenderness in the A1 pulley bilateral thumbs with positive triggering of the bilateral thumbs. The treating physician requested a left trigger thumb release since the injured worker's symptoms have persisted for a long period of time in spite of conservative treatment and limitation of activities of daily living. On 12/29/2014, Utilization Review (UR) denied the request for a left trigger thumb release, noting that there was no documentation of prior injections. The MTUS ACOEM Guidelines and the Non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Trigger Thumb Release: 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 Chapter

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

Decision rationale: The patient is a 23 year old male with well-documented clinical pictures of a left trigger thumb that has failed conservative management. UR denial was based on a lack of a previous steroid injection. This was directly addressed by the requesting surgeon in documentation dated 1/26/15, noting a previous steroid injection. This record was not available to the reviewing physician. From ACOEM, 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. Thus, with the documentation noting clinical evidence of left trigger finger thumb that had failed conservative measures, including a steroid injection, trigger release should be considered medically necessary.