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| Case Number: | CM15-0111468 | | |
| Date Assigned: | 06/17/2015 | Date of Injury: | 10/28/2013 |
| Decision Date: | 07/17/2015 | UR Denial Date: | 06/01/2015 |
| Priority: | Standard | Application Received: | 06/09/2015 |

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, Indiana, Oregon
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 57 year old, female who sustained a work related injury on 10/28/13. The diagnoses have included right trigger finger and right trigger thumb. Treatments have included previous carpal tunnel releases, physical therapy, medications and right thumb injections. In the PR-2 dated 5/18/15, the injured worker complains of right thumb and right long finger getting caught in full flexion every day. She states she must grab the fingers to reduce them. On physical examination, the right thumb and right long finger are very tender and painful. She can actively get them caught in full flexion upon demonstration. She has over a one-year history of ongoing problems with these fingers. The treatment plan includes a request for authorization for surgical release of the right thumb and right long finger.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right thumb trigger release: Upheld

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 and Hand (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hand.

Decision rationale: CAMTUS/ACOEM is silent on the issue of surgery on trigger finger (stenosing tenosynovitis). Per ODG surgery is recommended if symptoms persist after steroid injection. In this case, the triggering has not been treated with corticosteroid injection as documented in the exam of 5/18/15. Therefore, the request is not medically necessary.

Right long finger release: Upheld

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 and Hand (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hand.

Decision rationale: CAMTUS/ACOEM is silent on the issue of surgery on trigger finger (stenosing tenosynovitis). Per ODG surgery is recommended if symptoms persist after steroid injection. In this case, the triggering has not been treated with corticosteroid injection as documented in the exam of 5/18/15. Therefore, the request is not medically necessary.