

Case Number:	CM15-0114089		
Date Assigned:	06/22/2015	Date of Injury:	07/16/2012
Decision Date:	09/24/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/12/2015

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: California

Certification(s)/Specialty: Orthopedic Surgery, Hand 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 44-year-old female, who sustained an industrial injury on July 16, 2012. Treatment to date has included diagnostic imaging, modified work duties, right carpal tunnel release, and physical therapy. An evaluation on January 30, 2015 revealed the injured worker reported left shoulder pain, pain in the left index finger and triggering of her right ring finger. She reports that her right ring finger triggers in the morning and she has slight pain in the left wrist with associated numbness of the fingers. She uses Motrin and noted that this offers some pain relief. On physical examination the injured worker had tenderness to palpation over the bilateral shoulders. She had no evidence of impingement and a near normal range of motion. She had no swelling of the wrists and hands and the range of motion of her bilateral hands was within normal limits. She had negative Tinel's sign and Phalen's test. There was triggering of the left index finger and slight limitation in flexion of the left index finger. She was referred for evaluation to a hand surgeon who found she had mild-to-moderate A1 pulley base of the right index into a lesser degree than the right ring finger. Her sensory and motor examination was intact and she had full range of motion of the remaining digits of right hand and wrist. The diagnoses associated with the request include stenosis tenosynovitis of the right index finger and ring finger. A request was received for tenovagotomy of the right index finger and ring finger, and right hand with flexor tenosynovectomy. The request included pre-operative laboratory evaluations, pre-operative electrocardiogram, pre-operative history and physical, pre-operative chest x-ray, and post-operative occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative occupational therapy for the right index finger and right ring finger, 3 times a week for 4 weeks, quantity: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The California MTUS supports up to 9 therapy sessions over 8 weeks following trigger finger surgery with an initial course of treatment being half that number and additional therapy up to the maximum number of visits being appropriate only if there is documented functional improvement as defined on page one; the requested 12 sessions exceeds guidelines. Therefore, the request is not medically necessary.

Pre operative clearance: CBC (Complete Blood Count), PT (Prothrombin Time), PTT (Partial Thromboplastin Time), CHEM7 (Basic Metabolic Panel) and UA (Urinalysis) laboratory testing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing Before Non-cardiac Surgery: Guideline s and Recommendations MOLLY A. FEELY, MD; C. SCOTT COLLINS, MD; PAUL R. DANIELS, MD; ESAYAS B. KEBEDE, MD; AMINAH JATOI, MD; and KAREN F. MAUCK, MD, MSC, Mayo Clinic, Rochester, Minnesota Am Fam Physician. 2013 Mar 15; 87(6): 414-418.

Decision rationale: An extensive systematic review referenced above concluded that there was no evidence to support routine preoperative testing. More recent practice guidelines recommend testing in select patients guided by a perioperative risk assessment based on pertinent clinical history and examination findings, although this recommendation is based primarily on expert opinion or low-level evidence. The California MTUS notes that trigger finger release is a minor procedure that can be performed under a local anesthetic. In this case, there is no documented medical history to support the need for the requested evaluation; rather, records indicate the injured worker has undergone carpal tunnel release surgery without medical or anesthetic complications. Therefore, the requested laboratory work is determined to be medically unnecessary.

Pre operative chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing Before Noncardiac Surgery: Guidelines and Recommendations MOLLY A. FEELY, MD; C. SCOTT COLLINS, MD; PAUL R. DANIELS, MD; ESAYAS B. KEBEDE, MD; AMINAH JATOI, MD; and KAREN F. MAUCK, MD, MSC, Mayo Clinic, Rochester, Minnesota Am Fam Physician. 2013 Mar 15; 87(6): 414-418.

Decision rationale: An extensive systematic review referenced above concluded that there was no evidence to support routine preoperative testing. More recent practice guidelines recommend testing in select patients guided by a perioperative risk assessment based on pertinent clinical history and examination findings, although this recommendation is based primarily on expert opinion or low-level evidence. The California MTUS notes that trigger finger release is a minor procedure that can be performed under a local anesthetic. In this case, there is no documented medical history to support the need for the requested evaluation; rather, records indicate the injured worker has undergone carpal tunnel release surgery without medical or anesthetic complications. Therefore, the requested chest x-ray is determined to be medically unnecessary.

Pre operative EKG (Electrocardiogram): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter: Preoperative electrocardiogram (EKG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing Before Non-cardiac Surgery: Guidelines and Recommendations MOLLY A. FEELY, MD; C. SCOTT COLLINS, MD; PAUL R. DANIELS, MD; ESAYAS B. KEBEDE, MD; AMINAH JATOI, MD; and KAREN F. MAUCK, MD, MSC, Mayo Clinic, Rochester, Minnesota Am Fam Physician. 2013 Mar 15; 87(6):414-418.

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