

Case Number:	CM15-0125143		
Date Assigned:	07/09/2015	Date of Injury:	03/11/2014
Decision Date:	08/07/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/29/2015

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 57 year old female, who sustained an industrial injury on 3/11/2014. Diagnoses have included chronic trigger thumb bilaterally and bilateral carpal tunnel syndrome. Treatment to date has included physical therapy and medication. According to the progress report dated 5/20/2015, the injured worker complained of persistent, moderate to severe pain in her right upper extremity, extending into her right wrist and hand with associated numbness and tingling sensations. She also complained of moderate to severe pain in her left wrist and left thumb with tingling sensations and numbness. Physical exam of the bilateral wrists/hands revealed tenderness to palpation and spastic activity. Authorization was requested for left trigger thumb release. Documentation from 2/24/15 notes that the patient has findings of a left trigger finger and cannot undergo cortisone injections due to an allergy. She is stated not to be a surgical candidate at this time. Conservative management was recommended at the time of the evaluation. Examination findings confirmed the presence of a tender knot at the base of the left thumb at the A-1 pulley. Additional, more recent follow-up noted worsening of the left thumb trigger finger.

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 Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand.

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

Decision rationale: The patient is a 57 year old female with signs and symptoms of a left trigger finger that has failed conservative management. She is unable to have cortisone injections due to a documented allergy. Her condition has progressed and as she cannot have cortisone injections, surgical release is indicated. From page 271, ACOEM, Trigger Finger: 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. As stated, the patient is allergic to cortisone injections and thus with progression of her left trigger thumb that has failed other conservative management, left trigger release should be considered medically necessary. The UR had stated that she was not documented to have undergone steroid injections. However, as stated, she is allergic to these injections and this documentation does not appear to have been available to the UR reviewer. The request is medically necessary.