

Case Number:	CM15-0129695		
Date Assigned:	07/16/2015	Date of Injury:	03/13/1991
Decision Date:	08/12/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/06/2015

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 (IW) is a 57 year old female who sustained an industrial injury on 3/13/1991. The mechanism of injury and initial report of injury are not found in the records reviewed. The injured worker was diagnosed as having triggering digit of the right middle finger and left middle fingers. Prior treatments are not addressed. Currently, the injured worker complains of triggering of the right middle finger and left middle finger with intermittent numbness and tingling to the bilateral hands. In examination, the right and left carpal tunnels have negative Tinel's sign with positive responses to carpal compression maneuvers in the left carpal tunnel at 3 seconds, and positive responses to carpal compression maneuvers right carpal tunnel at 2 seconds. Nodules are present on the right middle finger and left middle finger flexor tendon sheaths. No crepitation or overt triggering is present on exam. Earlier, the worker desired to request occupational therapy instead of surgery but on the visit of 05/29/2015, she changed her mind and would like to request surgery. She does not want steroid injections of the trigger fingers. She is diabetic and has elevated blood sugars. The treatment plan now is for outpatient surgery, and cancellation of the request for occupational therapy. A request for authorization is made for the following, 1. Outpatient surgery: Release of the A1 annular band of the left middle finger, treatment as indicated and 2. Associated Service: Internal medicine clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient surgery: Release of the A1 annular band of the left middle finger, treatment as indicated: Upheld

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 and Hand chapter, Percutaneous release (of the trigger finger and/or trigger thumb) section.

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: The Claims Administrator based its decision on the MTUS ACOEM Practice Guidelines, Chapter 11 Forearm, Wrist, and Hand Complaints, page 271 and on the Non-MTUS Official Disability Guidelines (ODG), Forearm, Wrist and Hand chapter, Percutaneous release (of the trigger finger and/or trigger thumb) section.

Associated Surgical Service: Internal medicine clearance: 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 Official Disability Guidelines (ODG) .

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.