

Case Number:	CM15-0173278		
Date Assigned:	09/23/2015	Date of Injury:	04/07/2014
Decision Date:	11/02/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/02/2015

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 66-year-old male who sustained an industrial injury on April 07, 2014. A recent primary treating office visit dated August 17, 2015 reported subjective complaint of "episodes of severe pain in the right small finger." "The pain is troublesome daily." "He wishes to proceed with surgery." "Surgery has not yet been authorized." Objective assessment noted: chief complaint status post crush injury right small finger April 07, 2015. There is "good capillary refill and warmth in the hands and digits, no evidence of cyanosis, clubbing, or edema." Diagnostic magnetic resonance imaging of right small finger performed on June 30, 2015 showed: "no ligament tears", "no capsular tear and no notable capsular fibrosis." "Mild scarring of the proximal radial collateral ligament PIP little joint finger only suggesting old mild sprain." "No phalangeal subluxation, very small effusion with loculation of fluid on the proximal volar recess of the fifth MCP joint but no arthrosis or osteochondral lesion." The assessment noted: status post crush injury, right small finger; pain and stiffness small finger; right small trigger finger; right ulnar-sided wrist pain possible TFCC injury. The following diagnoses were applied to this visit: joint pain forearm; trigger finger, and crushing injury of finger. The plan of care is with recommendation to undergo a right small trigger finger release. "He has ongoing persistent pain and stiffness in the right small finger which has been refractory to multiple cortisone injections, hand therapy exercise, activity modification." "This issue has been a problem for him for over a year related to his initial crush injury." "The MRI findings were reviewed with the patient and show no other occult ligament is injury." Orthopedic follow up dated July 15, 2015 reported subjective complaint of "pain and stiffness in the right small finger." "The pain and stiffness troubles him daily." "He is frustrated with his symptoms." The plan of care is with recommendation to undergo surgery of the right small finger. On August 17, 2015, a request for

right small trigger finger release procedure was found not medically necessary due to the fact that provided documentation did not offer documented evidence that the worker has active triggering of his small finger. Without this documentation, per the guidelines, the surgery would not be indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right small trigger finger release: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

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 hand complaints, page 271 recommends failure of 2 injections prior to surgery on trigger finger (stenosing tenosynovitis). Per ODG, surgery is recommended if symptoms persist after steroid injection. In this case, the trigger finger is demonstrated on exam even if described as subtle. The worker has recurrence of symptoms after injection. The request is in keeping with guidelines and is medically necessary.

Preop EKG: 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) Low Back.

Decision rationale: CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, "These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status." Preoperative ECG in patients without known risk factor for coronary artery disease, regardless of age, may not be necessary. CBC is recommended for surgeries with large anticipated blood loss. Creatinine is recommended for patients with renal failure. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a healthy 66 year old without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore, the request is not medically necessary.

Preop lab, complete blood count (CBC): 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) Low Back.

Decision rationale: CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, "These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status." Preoperative ECG in patients without known risk factor for coronary artery disease, regardless of age, may not be necessary. CBC is recommended for surgeries with large anticipated blood loss. Creatinine is recommended for patients with renal failure. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a healthy 66 year old without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore, the request is not medically necessary.

Preop lab, metabolic chem: 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) Low Back.

Decision rationale: CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, "These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status." Preoperative ECG in patients without known risk factor for coronary artery disease, regardless of age, may not be necessary. CBC is recommended for surgeries with large anticipated blood loss. Creatinine is recommended for patients with renal failure. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a healthy 66 year old without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore, the request is not medically necessary.

Post-op physical therapy x 12 sessions, twice weekly for 6 weeks, for the right trigger finger: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

Decision rationale: Per the CA MTUS/Post Surgical Treatment Guidelines, page 22, 9 visits over a 3-month period are recommended. Half of the visits are initially recommended pending re-evaluation. In this case, the request exceeds the initial recommended treatment number and is therefore not medically necessary.