

Case Number:	CM15-0177086		
Date Assigned:	09/18/2015	Date of Injury:	01/02/2015
Decision Date:	10/21/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/09/2015

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: 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 61 year old female, who sustained an industrial injury on 1-2-15. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 7-31-15 indicated the injured worker was seen in this office as a follow-up. The provider documents "Last visit I injected the patient's left long finger. She says that it did help with the pain but only 50%." His Objective findings are documented as "She has swelling and tenderness over the long finger flexor tendon sheath on the left hand. She has full motion with no triggering. Assessment: Left long finger flexor tenosynovitis." His treatment plan includes documentation "The patient received 50% pain relief with the injection. She still has more pain than she can tolerate and it is significantly disabling to her. She's been symptomatic since January of this year. Treatment has consisted of one injection, physical therapy, and anti-inflammatory medication. I'm recommending we proceed with surgery to decompress the flexor tendon sheath. Risks and complications were discussed. She will be seen next for her preoperative visit. We will obtain a preop EKG as well." Surgery for the Left long trigger finger release was authorized. A Request for Authorization is dated 9-4-15. A Utilization Review letter is dated 8-26-15 and non-certification was for Pre-op EKG and Post-op Occupational therapy 2xwk x 4wks Left long finger. Surgery for the Left long trigger finger release was authorized. Utilization Review denied the requested treatment for Pre-op EKG and Post-op Occupational therapy 2xwk x 4wks Left long finger due to not meeting the CA MTUS and ODG Guidelines. The provider is requesting authorization of Pre-op EKG and Post-op Occupational therapy 2xwk x 4wks Left long finger.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op EKG: 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), 13th edition (web), 2015, Low Back, Preoperative electrocardiogram.

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, preoperative ECG.

Decision rationale: The patient is a 61 year old female who was certified for a trigger finger release of the left long finger. Based on the entirety of the medical record, the patient is not noted to have evidence of significant illness that would require extensive work-up. 'She currently takes no medications' and her past medical history is stated as negative. Thus, she does not appear to have additional risk factors that would require a preoperative EKG, as the planned surgery is low-risk as well. From ODG, a preoperative EKG is recommended for high risk surgery and for intermediate risk surgery with additional risk factors. However, a preoperative visit is planned by the requesting physician and could help to determine if there is greater justification for a preoperative EKG and therefore is not medically necessary.

Post-op Occupational therapy 2xwk x 4wks Left long finger: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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

Decision rationale: The patient is a 61 year old female who was certified for a trigger finger release of the left long finger. From postsurgical treatment guidelines, the following is stated: Trigger finger (ICD9 727.03): Postsurgical treatment: 9 visits over 8 weeks Post-surgical physical medicine treatment period: 4 months. From page 10, "Initial course of therapy" means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section. Therefore, based on these guidelines, 8 visits would exceed the initial course of therapy guidelines and should not be considered medically necessary. Up to 4-5 visits would be consistent with these guidelines.