MAXIMUS Federal Services

| Case Number: | CM15-0035589 | | |
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| Date Assigned: | 03/04/2015 | Date of Injury: | 09/11/2003 |
| Decision Date: | 06/16/2015 | UR Denial Date: | 01/28/2015 |
| Priority: | Standard | Application Received: | 02/25/2015 |

## 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 60-year-old female who sustained an industrial injury on 09/11/2003. Current diagnoses include osteoarthritis of bilateral first CMC joints, bilateral Dupuytrens contractures, and arthritis of bilateral hand. Previous treatments included medication management, steroid injections, right thumb arthroplasty with trapezial debridement and pinning on 05/17/2007, and right thumb trapezium excision with ligament reconstruction tendon interposition and open right carpal tunnel release on 03/14/2008. Report dated 01/20/2015 noted that the injured worker presented with complaints that included bilateral hand pain. Physical examination was positive for abnormal findings. Utilization review performed on 01/28/2015 non-certified a prescription for trigger finger release right thumb, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS ACOEM in making this decision. Orthopedic consultation from 1/5/15 notes signs and symptoms of right trigger thumb. Due to previous reactions to steroids, the patient will try therapy and topicals for the trigger thumb. If this non-operative therapy fails, then surgery is recommended.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger finger release right thumb:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

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

**Decision rationale:** The patient is a 60-year-old female with a documented right trigger thumb. The Orthopedic consultant noted 'previous reactions to steroid injections', but did not detail what those reactions were. In addition, the consultant states non-operative therapy to be attempted (therapy and creams) and if this fails, surgery is recommended. Specifics related to this therapy were not documented. A follow-up examination from the consultant to address the response to the therapy was not provided. From ACOEM, Chapter 11, page 271: One or two injections of lidocaine and corticosteroids into or near the thickened area of the flexor tendon sheath of the affected finger are usually sufficient to cure symptoms and restore function. A procedure under local anesthesia may be necessary to permanently correct persistent triggering. Therefore, without specifics related to the exact reasoning for not offering steroid injections and not adequate follow-up to other conservative management, right trigger thumb release should be considered not medically necessary.