

Case Number:	CM15-0048605		
Date Assigned:	04/15/2015	Date of Injury:	06/03/2013
Decision Date:	05/07/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/14/2015

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 55 year old female, who sustained an industrial injury on 6/03/2013. Diagnoses include left carpal tunnel syndrome, left middle finger and ring finger trigger finger, left shoulder impingement and status post carpal tunnel release (2010). Treatment to date has included electrodiagnostic testing, bracing, splinting, activity modification, and anti-inflammatory medications. Per the Orthopedic Progress Note dated 1/28/2015, the injured worker reported persistent numbness into the left hand, with clicking of the middle and ring finger. Physical examination revealed decreased sharp-dull discrimination over the radial digits. There was a positive Phalen's and Tinel's test. There was a significant click over the middle and ring finger A1 pulley. The plan of care included surgical intervention and authorization was requested for left carpal tunnel release and trigger release middle and ring finger. The patient was noted to have undergone left carpal tunnel release and left ring and middle finger trigger releases on 3/9/15. She also had undergone right ring finger trigger release on 4/13/15. On previous examination dated 3/23/15 the patient was noted to have continued triggering of the right ring finger. She had previously undergone steroid injections of the right hand(long finger trigger) without long term benefit. In addition, she was stated to have elevation of her blood sugars after the previous injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger finger release, right middle and ring finger: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: The patient is a 55 year old female with persistent, symptomatic triggering of the left ring and middle fingers as well as the right ring fingers. She had previous undergone steroid injections of a previous right long finger trigger without benefit. She is documented to have suffered a complication from the previous steroid injections with significantly elevated blood sugars. From Chapter 11, ACOEM, 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 almost always sufficient to cure symptoms and restore function. A procedure under local anesthesia may be necessary to permanently correct persistent triggering. Given the fact that the patient had suffered from an apparent complication from a previous steroid injection and that the patient refused further injection, it should be medically necessary to undergo open release of her documented persistent triggering of the left ring and middle fingers. The surgeon adequately addressed the recommendations and guidelines as outlined in ACOEM. Therefore, these procedures should be considered medically necessary.