

Case Number:	CM15-0061426		
Date Assigned:	04/07/2015	Date of Injury:	11/21/2014
Decision Date:	05/29/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/31/2015

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

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 51-year-old female who reported an injury on 11/21/2014. The mechanism of injury was reportedly due to repetitive work duties. Her diagnoses included trigger finger. Past treatments included physical therapy, medications, injections, bracing and rest. On 02/16/2015, the injured worker complained of pain and triggering of the long fingers on the bilateral hands, left greater than right. Physical examination revealed marked triggering of the long fingers in the bilateral hands with severe tenderness over the A1 pulleys. Grip strength was 20/20/10 on the right and 10/10/0 on the left. Range of motion of the long fingers of the hand was limited secondary to triggering. Treatment plan included trigger finger release of the 3rd finger and flexor tendon tenosynovectomy of the left long finger, postoperative physical therapy 3 times a week for 4 weeks, assistant surgeon, preoperative medical clearance including CBC, PT, PTT, UA, EKG and chest x-ray, and purchase of cold therapy unit. A request was received for assistant surgeon, preoperative medical clearance testing, cold therapy unit purchase, and interferential unit rental x30 days. The rationale for the request was not specified. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Assistant surgeon/PA: 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), Low Back Chapter, Surgical Assistant.

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, Surgical assistant.

Decision rationale: The Official Disability Guidelines recommend surgical assistant for complex surgeries. The clinical information indicated that the injured worker was certified for trigger finger release of the 3rd finger and flexor tendon tenosynovectomy on 03/10/2015. However, the guidelines do not specifically recommend surgical assistant for trigger finger release. In addition, the date of the surgery was not specified in the documentation to indicate it has not yet taken place. Given the absence of the information indicated above, the request is not supported. Therefore, the request for associated surgical service: Assistant surgeon/PA is not medically necessary.

Pre-operative medical clearance, CBC, CMP, PT, PTT, UA, EKG, CXR: 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), Preoperative Testing Section.

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 lab testing; Preoperative electrocardiogram; Preoperative testing, general.

Decision rationale: The Official Disability Guidelines recommend preoperative testing prior to surgical intervention. The clinical information indicated that the injured worker was certified for trigger finger release of the 3rd finger and flexor tendon tenosynovectomy on 03/10/2015. However, there was no documentation with evidence of a history of bleeding or medical conditions that predispose the injured worker to bleeding, evidence of an increase of risk of anemia in the injured worker or evidence of signs or symptoms of active cardiovascular disease. Given the absence of the information indicated above, the request is not supported. Therefore, the request for Pre-operative medical clearance, CBC, CMP, PT, PTT, UA, EKG, and CXR is not medically necessary.

Associated surgical service: Cold therapy unit purchase: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Continuous-flow cryotherapy.

Decision rationale: The Official Disability Guidelines recommend continuous flow cryotherapy for up to 7 days following surgery. The clinical information indicated that the injured worker was certified for trigger finger release of the 3rd finger and flexor tendon tenosynovectomy on 03/10/2015. However, the request as submitted did not specify the duration of use for the cold therapy unit. In addition, there was no clear rationale for the need to purchase the unit as opposed to a rental. Given the absence of the information indicated above, the request is not supported. Therefore, the request for associated surgical service: Cold therapy unit purchase is not medically necessary.

Associated surgical service: Interferential unit rental for 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 118.

Decision rationale: The California MTUS Guidelines do not recommend interferential current stimulation as an isolated intervention as there is no quality evidence of effectiveness except in conjunction with recommended treatments including return to work, exercise and medications. The clinical information indicated that the injured worker was certified for trigger finger release of the 3rd finger and flexor tendon tenosynovectomy on 03/10/2015. However, there was no documentation with evidence that the unit would be used in conjunction with return to work, exercise or medications following surgery. Given the absence of the information indicated above, the request is not supported. Therefore, the request for associated surgical service: Interferential unit rental for 30 days is not medically necessary.