

Case Number:	CM15-0068302		
Date Assigned:	04/15/2015	Date of Injury:	05/23/2012
Decision Date:	06/05/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/10/2015

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: Minnesota, Florida
 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:

Per examination of 2/26/2015 the injured worker is a 47-year-old right-hand-dominant female with a date of injury of 5/23/2012. She underwent a right carpal tunnel release and right trigger thumb release in May 2013. The triggering resolved but the pain, numbness and tingling in the right hand persisted. She also developed throbbing of the left thumb. She denied any triggering of the left thumb but complained of pain at the MP or IP joint if she bumped the thumb. She had a difficult time twisting off jars. If she uses her hands, too much she has swelling. In a dependent position, she notices tingling. On examination, there was no triggering of the right thumb. Tinel's and Phalen's were positive on the right. There was decreased sensation in the right thumb, index and middle finger. On the left side, there was decreased sensation in the same distribution with a positive Tinel's. There was tenderness along the palmar aspect of the left thumb but no active triggering. 2-point discrimination on the right was 9 mm in the median distribution, normal on the left. Relative to her left thumb, there was no active triggering. She had been treated with physical therapy, acupuncture and bracing. The provider opined that if she develops active triggering of the left thumb she could be treated with an injection versus surgery. A request for injection of the left thumb was certified by utilization review. However, another request for left trigger thumb release was noncertified as there was no documented triggering. This is now appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient left trigger thumb release: 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), Forearm, Wrist, Hand - Release (Percutaneous) of trigger finger.

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

Decision rationale: With respect to a trigger thumb or finger, California MTUS guidelines indicate one or 2 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. If triggering recurs, a procedure under local anesthesia may be necessary to permanently cure the problem. The documentation provided indicates pain in the thumb but no active triggering at the time of the last exam. A corticosteroid injection had been certified. In the absence of documented triggering, a trigger thumb release is not supported by guidelines and as such, the medical necessity of the request has not been substantiated.