MAXIMUS Federal Services

Case Number:	CM15-0073235		
Date Assigned:	04/23/2015	Date of Injury:	09/11/2013
Decision Date:	06/03/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/17/2015

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:

The injured worker is a 46 year old male, who sustained an industrial injury on 9/11/13. The injured worker has complaints of left middle finger, left thumb, and right middle finger triggering. The diagnoses have included trigger finger. Treatment to date has included right hand X-rays; over-the-counter oral analgesic medications and oral nonsteroidal anti-inflammatory medications as needed, physical therapy, and injections. The left thumb was injected with corticosteroids on one occasion and the right and left middle fingers were injected twice with temporary relief of triggering. The request was for release of the A1 annular band of the left thumb and associated service: one internal medicine clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Release of the A1 annular band of the left thumb: 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 injured worker is a 46-year-old male with a date of injury of September 11, 2013. He developed bilateral hand and wrist pain from repetitive activities while working as an assembler. He has triggering of the left thumb and both the right and left middle fingers. Documentation indicates that the thumb was injected with corticosteroids on one occasion and both the left and right middle fingers were injected twice with corticosteroids although with temporary relief. Office notes dated April 16, 2015 document persistent triggering of the left thumb, and left middle finger. X-rays of the right and left hands and wrists were reported to be normal. Objective findings included nodules of the A1 pulleys to the left middle finger and left thumb which were tender to palpation. A request for left thumb release was noncertified by utilization review. The reason for noncertification was only one injection of corticosteroids had been given and the physical examination on February 12, 2015 did not reveal overt triggering of the left thumb although the injured worker was complaining of triggering on a daily basis. The California MTUS guidelines do state 1-2 corticosteroid injections with lidocaine into or near the thickened area of the flexor tendon sheath are almost always sufficient to cure the symptoms and restore function. The single injection was effective in relieving triggering of the thumb but it did not last. In case of recurrence, the guidelines state that a procedure under local anesthesia may be necessary to permanently correct persistent triggering. Repeated steroid injections may result in rupture of the tendon and are not indicated. As such, the medical necessity of the request for a trigger thumb release has been substantiated.

Associated service: One internal medicine clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Preoperative testing, general.

Decision rationale: With respect to the request for medical clearance ODG guidelines are used. The guidelines indicate that a trigger thumb release under local anesthesia is a low risk surgical procedure. The guidelines recommend conducting a history and physical examination with selective testing based on the clinicians findings. In the presence of significant comorbidities, appropriate consultations and visits to the offices of medical providers may be necessary. The documentation provided indicates that medical clearance with an internal medicine specialist has been certified on appeal. As such, the medical necessity of the request has been established.