

<b>Case Number:</b>	CM15-0091838		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	12/10/2010
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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, Hand 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 46 year old female who sustained an industrial injury on 12/10/2010. The injured worker was diagnosed with bilateral carpal tunnel syndrome and right trigger finger. The injured worker underwent left carpal tunnel release in February 2012 and right carpal tunnel release in August 2012. Treatment to date includes diagnostic testing including transthoracic echocardiogram, sleep studies, cardiorespiratory testing, Electromyography (EMG)/Nerve Conduction Velocity (NCV) studies, psychological testing, surgery, physical therapy, medications and topical analgesics. According to the most recent examination from primary treating physician's progress report on January 15, 2015, the injured worker continues to experience pain and burning in both hands and wrists and right thumb triggering. Objective findings were difficult to decipher. It appears the injured worker had an injection without relief. Current medications are listed as Neurontin and Voltaren cream and the injured worker should continue with the medication regimen. There was no discussion or review regarding the current request for an urgent right thumb trigger release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urgent Right Thumb Trigger Release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-286.

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

**Decision rationale:** The CA MTUS notes that, "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" in individuals with trigger finger. In rare cases that do not resolve with injection and which remain problematic, release of the origin of the flexor tendon sheath is curative, such procedures are never urgent. There is no documentation provided to support the unusual request for an urgent surgery related to a 2010 injury claim.