

Case Number:	CM15-0092362		
Date Assigned:	05/18/2015	Date of Injury:	01/28/2015
Decision Date:	06/19/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/13/2015

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, Indiana, Oregon
 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 56 year old female, who sustained an industrial injury on 1/28/2015. She reported left thumb pain. The injured worker was diagnosed as having history of hypertension, status post knee surgery 5 years prior, left thumb flexor tenosynovitis, left thumb triggering by history, minimal left thumb CMC osteoarthritis, right thumb triggering, and mild right carpal tunnel syndrome. Treatment to date has included x-rays of the left hand. The request is for left trigger thumb release surgery. On 2/24/2015, an initial evaluation was completed for her complaint of left thumb pain. She described the pain as intermittent, moderate, and sharp. She is a left hand dominant female, with onset of pain one month prior to this evaluation. She reported having previous treatment for similar symptomology on the right thumb. She continued to work full time at full duties. Examination revealed swelling, tenderness at the A1 pulley and Notta's node, reproducible grinding with flexion and extension, but no frank triggering, and sensation is intact. She indicated the thumb triggers mostly at night. She is able to complete all her activities of daily living. The records indicate x-rays of the left hand on 2/24/2015 revealed minimal to mild left thumb CMC osteoarthritis, and an allergy to cortisone injections. The x-ray report is not available for this review. The treatment plan is not provided in the available records. The 2/24/2015 is the only medical record available for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Trigger Thumb Release Surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) .

Decision rationale: CAMTUS/ACOEM is silent on the issue of surgery on trigger finger (stenosing tenosynovitis). Per ODG surgery is recommended if symptoms persist after steroid injection. In this case, the worker cannot get a steroid injection due to allergies. There have been no attempts at non-surgical management based on the note of 2/24/15 and the treating physician states "not a candidate for surgery at this time". Therefore the request is not medically necessary.