

Case Number:	CM15-0094222		
Date Assigned:	05/20/2015	Date of Injury:	01/18/2011
Decision Date:	06/30/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/15/2015

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: Illinois, California, Texas
 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 1/18/11, relative to cumulative trauma. Past surgical history was positive for right long finger trigger release in 2005, and left trigger thumb release in June 2012. The 7/24/13 electrodiagnostic study findings evidenced mild right carpal tunnel syndrome. Records indicated that authorization had been requested for left middle trigger finger release since 2/6/14. There was no evidence of corticosteroid injections. The 12/3/14 panel qualified medical examiner report indicated that the injured worker had triggering sensations involving the right ring and little fingers, and left index and middle fingers. She had constant aching pain in both hands and fingers that increased with gripping, grasping, pulling and pushing activities. She had daily locking sensations in the left index and long fingers and right ring and little fingers. She was not able to perform some household chores because of difficulty gripping and grasping. Left hand symptoms were persistent and on-going. There was no evidence of treatment other than oral medication. Physical exam documented full range of motion of the left thumb and index, ring and little fingers, and no pain at the proximal interphalangeal joint of the long finger. The left middle finger was limited in flexion from the mid-palmar crease at about 2 cm. There was palpable triggering at the index and third metacarpal head region with palpable thickening and triggering at the base of the index proximal phalanx. Left hand sensation was intact. Tinel's was negative at the cubital or carpal tunnel. The treatment plan recommended corticosteroid injection to the trigger fingers for symptomatic relief which could obviate the need for surgery. Should the injured worker not improve with corticosteroid injection, then surgery would be the definitive treatment. The

4/16/15 treating physician report cited pain in the left index and middle finger with positive active triggering. There was no discussion of prior conservative treatment. Authorization was requested for left middle finger trigger release, a Coolcare Cold Therapy unit, pre-operative clearance and post-operative rehabilitative therapy three times a week for four weeks. The 4/30/15 utilization review non-certified the left middle finger trigger release based on an absence of documented corticosteroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left middle finger trigger release: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

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

Decision rationale: The California MTUS guidelines state that one to 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. A surgical procedure under local anesthesia may be necessary to permanently correct persistent triggering. Guideline criteria have not been met. This injured worker presents with left index and middle finger pain with active triggering. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Specifically, there is no indication that the injured worker had a corticosteroid injection that had failed. Therefore, this request is not medically necessary.

Associated surgical services pre-op clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical services post-op rehab therapy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical services continuous cold therapy unit: Upheld

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 Official Disability Guidelines (ODG) Forearm, Wrist & Hand: Cold packs.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.