

Case Number:	CM15-0099159		
Date Assigned:	06/02/2015	Date of Injury:	10/29/2012
Decision Date:	07/10/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/22/2015

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 56 year old female, who sustained an industrial injury on 10/29/12. She reported pain in the left wrist due to repetitive motion and subsequent right wrist pain related to overuse. The injured worker was diagnosed as having left carpal tunnel syndrome and stenosing tenosynovitis of the right thumb. Treatment to date has included carpal tunnel release on 2/6/15, occupational therapy, Voltaren and Ultram ER. On 4/1/15, the treating physician recommended a Celestone injection to the right thumb as an initial treatment. There is no documentation noting if the injection was received and response to treatment. As of the PR2 dated 4/29/15, the injured worker reports continued limited extension of the right thumb with discomfort and weakness. Objective findings include mild-to-moderate tenderness at the A1 pulley base of the right thumb with mild swelling. The treating physician requested a right thumb tenovagotomy with flexor tenosynovectomy, post-operative occupational therapy 3 x weekly for 4 weeks and pre-operative clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right thumb tenovagotomy with flexor tenosynovectomy: Upheld

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 based on Non-MTUS Citation Green's Operative Hand Surgery, 6th ed, Pages 2074-2076.

Decision rationale: The CA MTUS notes that for trigger fingers, "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." Records reviewed indicate injections have not been performed and therefore consideration of surgical release is premature. Surgical technique is beyond the scope of the CA MTUS, but described in detail in the specialty text referenced. In cases in which injections are unsuccessful and surgery is performed, division of the first annular pulley is all that is needed; tenosynovectomy is unnecessary. The request is not medically necessary.

Post-operative occupational therapy 3x4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

Decision rationale: The CA MTUS supports up to a maximum of 9 therapy sessions over 8 weeks after trigger finger surgery with an initial course of half those visits and consideration of additional visits up to the maximum if there is documented functional improvement following the initial sessions. The requested 12 sessions exceeds guidelines. The request is not medically necessary.

Preoperative clearance (CBC, PT, PTT, INR, CHEM 7, UA, CXR, EKG, H&P): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing Before Noncardiac Surgery: Guidelines and Recommendations, Molly A. Feely, MD; C. Scott Collins, MD; Paul R. Daniels, MD; Esayas B. Kebede, MD; Aminah Jatoi, MD; And Karen F. Mauck, MD, MSC, Mayo Clinic, Rochester, Minnesota, Am Fam Physician. 2013 Mar 15;87(6):414-418.

Decision rationale: An extensive systematic review referenced above concluded that there was no evidence to support routine preoperative testing. More recent practice guidelines recommend testing in select patients guided by a perioperative risk assessment based on pertinent clinical history and examination findings, although this recommendation is based primarily on expert opinion or low-level evidence. In this case, there is no documented medical history to support the need for the requested evaluation; rather, records indicate the injured worker has undergone recent surgery without medical or anesthetic complications. The request is not medically necessary.