

---

**Notice of Independent Medical Review Determination**

Dated: 11/26/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/19/2013  
Date of Injury: 1/18/2012  
IMR Application Received: 7/26/2013  
MAXIMUS Case Number: CM13-0003744

- 1) MAXIMUS Federal Services, Inc. has determined the request for one right small finger and right ring finger trigger release **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for one pre-op clearance with Internist or Family Physician **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 12 post-op occupational hand therapy sessions with a certified hand therapist **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for a referral to [REDACTED], M.D. for a 2nd opinion consultation **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for one EMG of the bilateral upper extremity **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for one NCS of the bilateral upper extremity **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/7/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for one right small finger and right ring finger trigger release **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for one pre-op clearance with Internist or Family Physician **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 12 post-op occupational hand therapy sessions with a certified hand therapist **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for a referral to [REDACTED], M.D. for a 2nd opinion consultation **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for one EMG of the bilateral upper extremity **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for one NCS of the bilateral upper extremity **is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent medical doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 treatments and/or services at issue.

### **Case Summary:**

*Disclaimer: The following utilization review determination dated July 19, 2013 did not contain a clinical summary.*

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 7/26/13)
- Utilization Review Determination from [REDACTED] (dated 7/19/13)
- Employee Medical Records from [REDACTED]
- Employee Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

### **1) Regarding the request one right small finger and right ring finger trigger release:**

#### Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Forearm, Wrist and Hand Complaints (ACOEM, 2<sup>nd</sup> Edition, (2004), Chapter 11), pg. 273, which is part of MTUS. The Claims Administrator also based its decision on Official Disability Guidelines (ODG), Forearm, Wrist, & Hand (Acute & Chronic), which is not part of MTUS.

The Expert Reviewer based his/her decision on the Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 11) pg 273, which is part of MTUS. The Expert Reviewer also cited the Official Disability Guidelines, Online Version, Forearm, Wrist, & Hand (Acute & Chronic) Chapter, which is not part of the MTUS.

#### Rationale for the Decision:

The employee reported an injury to bilateral upper extremities due to cumulative trauma, but was noted to have complaints of triggering of the right small and ring fingers. The employee was noted to have treated conservatively with injections to the right small and ring fingers with 75% improvement, but continued to have triggering of the right ring. The employee also noted to have small fingers and tenderness of the A1 pulley, less significant but still present following the injections. The MTUS/ACOEM Guidelines recommend 1 to 2 injections of lidocaine steroids into or near the thickened area of the flexor tendon sheath of the affected fingers, and notes that they are almost always sufficient to cure symptoms and restore function. A procedure under local anesthesia may be necessary to permanently correct persistent triggering. The Official Disability Guidelines recommend percutaneous release of trigger fingers when symptoms persist after steroid injections. **The request for one right small finger and right ring finger trigger release is medically necessary and appropriate.**

**2) Regarding the request for one pre-op clearance with Internist or Family Physician:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Immediate Preoperative Visits and Other Services by Physician, which is not part of MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on Official Disability Guidelines, Online Version, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter.

Rationale for the Decision:

The employee reported an injury to bilateral upper extremities due to cumulative trauma while performing job duties. The employee was noted to complain of right small and ring finger triggering and was noted to have undergone 2 cortisone injections to the A1 pulley sheath with temporary relief of pain to approximately 75%. On 07/16/2013, the employee was noted to continue to have triggering of the right small and ring fingers with persistent tenderness although less significant. The employee is recommended for a right small finger and ring finger trigger release. The Official Disability Guidelines report that undergoing ambulatory low risk surgery does not require any pre-operative clearance consisting of lab work. As the percutaneous release of trigger fingers is normally performed in an ambulatory setting under local anesthesia, the need for a pre-operative clearance is not established. **The request for 1 pre-op clearance with internist or family physician is not medically necessary and appropriate.**

**3) Regarding the request 12 post-op occupational hand therapy sessions with a certified hand therapist:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his/her decision on Postsurgical Treatment Guidelines, Online Version, Pages 10 & 22, which is part of MTUS.

Rationale for the Decision:

The employee reported an injury to bilateral upper extremities due to cumulative trauma while performing job duties. The employee was noted to have triggering of the right small finger and ring finger which was treated conservatively with injections with 75% relief of symptoms. The employee was noted, on physical examination, to have triggering of the right ring and small fingers with less significant but still present tenderness to palpation of the ring and small finger A1 pulley on 07/16/2013. A right small finger and right ring finger trigger release was planned. The Postsurgical Treatment Guidelines recommend up to 9 sessions of postsurgical physical therapy treatment following a trigger finger

release and state that the initial course of therapy means 1/2 the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. As such, the request for 12 sessions of postoperative hand therapy does not meet guideline recommendations and is non-certified. **The request for request for 12 sessions of postoperative hand therapy is not medically necessary and appropriate.**

- 4) **Regarding the request** a referral to [REDACTED], M.D. for a 2nd opinion consultation:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his/her decision on American College of Occupational and Environmental Medicine (ACOEM) Guidelines, Online Edition, Chapter 7, pg. 127, which is not part of MTUS.

Rationale for the Decision:

The employee reported an injury to bilateral upper extremities due to cumulative trauma while performing job duties. The employee was noted to have been diagnosed with a right small finger and ring finger trigger finger. The employee was reported to have undergone at least 2 cortisone injections with at least 75% relief of symptoms. However, on physical exam, the employee was noted to continue to have ring and small finger triggering and persistent, but less severe, tenderness over the A1 pulley. The employee was planned for a right trigger finger release. The ACOEM Guidelines state that the healthcare practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when there are psychosocial issues present or when the plan or course of care may benefit from additional expertise. Given that the employee is noted to have findings of trigger fingers which were planned to be treated with surgery, the need for a second opinion consultation is not clear. Based on the above, the requested referral to [REDACTED], MD for a second opinion consultation is non-certified. **The request for a referral to [REDACTED], MD for a second opinion consultation is not medically necessary and appropriate.**

- 5) **Regarding the request** one EMG of the bilateral upper extremity

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Neck and Upper Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition, (2004), Chapter 8), pg. 178, which is part of MTUS. The Claims Administrator also based its decision on the Official Disability Guidelines (ODG) (current version), which is not part of MTUS.

The Expert Reviewer based his/her decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 8) pg 178, which is part of the MTUS. The Expert Reviewer also cited the Official Disability Guidelines, Online Version, Neck and Upper Back (Acute & Chronic) Chapter, which is not part of the MTUS.

Rationale for the Decision:

The employee reported an injury to bilateral upper extremities due to cumulative trauma while performing repetitive job duties. The employee reported to complain of ongoing right small and ring finger triggering with pain and reported to have numbness to the bilateral small and ring fingers on physical examination. The employee is noted to have undergone a previous electrodiagnostic study as of 09/07/2012. The ACOEM Guidelines recommend diagnostic studies when there is physiological evidence in the form of definite neurological findings on physical exam with unequivocal findings that identify specific nerve compromise on the neurological exam if symptoms persist. However, as the employee is noted to have undergone electrodiagnostic studies in the past which are not available for review, the need for an additional EMG of the upper extremities is not established. **The requested 1 EMG of the bilateral upper extremities is not medically necessary and appropriate.**

**6) Regarding the request one EMG of the bilateral upper extremity**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Neck and Upper Back Complaints (ACOEM, 2<sup>nd</sup> Edition, (2004), Chapter 8), pg. 178, which is part of MTUS. The Claims Administrator also based its decision on Official Disability Guidelines (ODG) (current version), which is not part of MTUS.

The Expert Reviewer based his/her decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 8) pg 178, which is part of the MTUS. The Expert Reviewer also cited the Official Disability Guidelines (ODG), Online Version, Neck and Upper Back (Acute & Chronic) Chapter, which is not part of the MTUS.

Rationale for the Decision:

The employee reported an injury to bilateral upper extremities due to cumulative trauma from repetitive job duties. The employee was noted to complain of pain and triggering of the right and left small fingers and subjective numbness on physical exam. The employee is noted to have undergone a previous electrodiagnostic study on 09/07/2012. The MTUS/ACOEM Guidelines recommend electrodiagnostic studies when there is physiological evidence in the form of definitive neurological findings on physical exam that identify specific nerve compromise which warrants diagnostic studies if they persist. However, as the employee is noted to have undergone a previous electrodiagnostic study on 09/07/2012 which was not submitted for review, and there was no documentation of a change in the employee's symptoms; the requested nerve conduction studies are not indicated. **The request for 1 nerve conduction study of the bilateral upper extremities is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Paul Manchester, MD, MPH,  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

/fw

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.