

Case Number:	CM13-0050774		
Date Assigned:	12/27/2013	Date of Injury:	07/03/2009
Decision Date:	03/03/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for trigger fingers and thumb arthritis reportedly associated with cumulative trauma at work first claimed on July 3, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; left CMC joint arthritis steroid injection of November 25, 2013 and release of the left long and index finger trigger fingers; and subsequent return to work. In a Utilization Review Report of October 23, 2013, the claims administrator apparently approved a release of the left index and trigger fingers along with eight sessions of postoperative physical therapy while denying an injection of the left thumb CMC joint, preoperative EKG testing, and labs. The applicant's attorney subsequently appealed. An earlier note of November 21, 2013 is notable for comments that the applicant carries diagnoses of left index and long finger trigger fingers and bilateral thumb CMC joint arthritis. The applicant is status post right thumb CMC arthroplasty. Norco and preoperative EKG testing were endorsed. An earlier note of October 8, 2013 is notable for comments that the applicant has a painful left thumb CMC joint and has x-rays confirming arthritic changes noted about the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection of the left thumb carpometacarpal joint: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter Forearm, Wrist, Hand, Wed Edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Third edition ACOEM, Hand, Wrist and Forearm, Disorders, Hand/Finger Osteoarthritis

Decision rationale: The MTUS-adopted ACOEM Guidelines in Chapter 11 do not specifically address the topic of steroid injections for CMC joint arthritis. As noted in the Third Edition ACOEM Guidelines, intra-articular glucocorticosteroid injections are recommended for the treatment of sub-acute or chronic hand osteoarthritis, as was present here. In this case, the applicant had clinically evident, longstanding, chronic, and radiographically confirmed CMC joint osteoarthritis. She was an appropriate candidate for carpometacarpal joint corticosteroid injection. Therefore, the original Utilization Review decision is overturned. The request is certified, on Independent Medical Review.

Pre-operative electrocardiogram (EKG) and labs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter Forearm, Wrist, Hand, Wed Edition

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=15950>

Decision rationale: The MTUS does not address the topic. As noted in the guidelines for preoperative cardiac risk assessment and perioperative cardiac management in non-cardiac surgery, preoperative EKG testing is not recommended for individuals who have no risk factors and are scheduled for low-risk surgery. In this case, the surgery which the applicant underwent, trigger finger release surgery is, by any measure, a low-risk surgery. There was, moreover, no clear description or statement of cardiac risk factors such as hypertension, coronary artery disease, dyslipidemia, prior MI, etc., which might have made a case for preoperative EKG testing. Therefore, the request for preoperative EKG testing and unspecified laboratory testing is not certified, on Independent Medical Review.