

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 11/12/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/10/2013
Date of Injury:	6/15/2011
IMR Application Received:	7/25/2013
MAXIMUS Case Number:	CM13-0003426

- 1) MAXIMUS Federal Services, Inc. has determined the request for **left de Quervain's release** is medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/31/2013. 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 **left de Quervain's release is 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 Physical Medicine and Rehabilitation, 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 case summary was taken directly from the utilization review denial/modification dated July 10, 2013

Clinical History:

The patient is a female with a reported date of injury of 06/15/11. The request for authorization is dated 06/06/13 for surgical intervention for left Carpal Tunnel Syndrome (CTS) and left de Quervains tenosynovitis. This indicated the patient had been released from care on 03/16/12 and had returned due to worsening of symptoms of pain, numbness and tingling to the left wrist and hand on 06/12/12. It is noted the patient has undergone acupuncture, exercises, bracing and anti-inflammatory medication. She underwent a corticosteroid injection to the carpal tunnel 11/16/12 and reported 60-70% improvement initially. Her symptoms then returned a few weeks later. Electrodiagnostic study is mentioned as being positive for left CTS. The surgical intervention is based on pain of the first dorsal extensor department and symptoms worsening with Finklestein's testing. There is also numbness and tingling to the thumb, index and long finger with positive Tinel's and Phalen's and decreased sensation to the same digits. The 06/03/13 examination is handwritten and is partially legible. Objective findings for the left wrist note decreased range of motion. There is tenderness to palpation to the first carpometacarpal (CMC) joint, thenar soft tissues and extensor tendons. There is left thumb edema and tenderness. There is positive Tinel's and Phalen's and markedly positive Finklestein's. Left shoulder examination noted tenderness to palpation about the shoulder, positive impingement and cross arm test, and range of motion is noted as flexion 115, abduction 120, internal rotation 70 and external rotation 85. Recommendation was for the patient to continue medications and seek surgical authorization. There is no electrodiagnostic study report available for review.

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 7/25/13)

- Utilization Review Determination from [REDACTED] (dated 7/10/13)
- Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for left de Quervain's release :

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Forearm, Wrist and Hand Complaints Chapter, table 11-7, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11), DeQuervain's Syndrome, page 271, which is part of the MTUS, and the Official Disability Guidelines, (ODG), Wrist/hand online for deQuervain's release, which is not part of the MTUS.

Rationale for the Decision:

The ACOEM states "under unusual circumstances surgery may be an option for treatment of deQuervains." The ODG states "it is an option if symptoms persist and there is failure of 3 months of conservative care with splinting and injection." A review of the submitted medical records indicates that the employee has had increasing Carpal Tunnel Syndrome (CTS) and deQuervains symptoms on the left hand since March 2012. The employee had a home exercise program in effect and was using wrist splint, thumb spica and had a left wrist cortisone injection that provided the employee with some benefit. The physician had recommended an injection for the de Quervains, however the employee has also had cortisone for the shoulder and was concerned with elevated blood pressure and elevated blood sugar and declined any further cortisone injections. The findings of the clinical exam shows positive for left Finkelstein's. **The request for left de Quervain's release is 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, 18th Floor
Oakland, CA 94612

/mbg

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.