

<b>Case Number:</b>	CM13-0026126		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	04/15/2013
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### 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 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 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:

This case involves a 49-year-old male, with a report of right wrist pain. The exam note from 7/30/13 demonstrates radial dorsal pain of the wrist. The physical examination demonstrates thickening over the thumb, over the extensor pollicus longus. The request is for debridement, possible tenosynovectomy for stenosing tenosynovitis of the extensor pollicus longus.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Exploration of the right wrist, possible tendon sheath release, tenosynovectomy, and tendon transfer or graft:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

**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, and Hand Chapter.

**Decision rationale:** The Official Disability Guidelines indicate that tenosynovectomy is recommended as an option if there are consistent symptoms, signs, and failed three months of conservative care with splinting and injection. De Quervain's disease causes inflammation of the tendons that control the thumb causing pain with thumb motion, swelling over the wrist, and a

popping sensation. Surgical treatment of De Quervain's tenosynovitis or hand and wrist tendinitis/tenosynovitis, without a trial of conservative therapy, including a work evaluation, is generally not indicated. In this case the clinical scenario does not demonstrate attempts at anti-inflammatories, injection or splinting. Therefore the determination is not medically necessary and non-certified.