

Case Number:	CM13-0031425		
Date Assigned:	12/04/2013	Date of Injury:	04/07/2011
Decision Date:	02/07/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/03/2013

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:

The claimant is a 54-year-old female who was injured in a work related accident on April 7, 2011. The clinical records for review specific to the claimant's right wrist indicate a recent progress report of September 12, 2013 by [REDACTED] indicating subjective complaints of continued pain about the right wrist increased with movement and a "popping" sensation. There is also pain about the right thumb and digits. Physical examination findings showed positive tenderness over the right De Quervain's tendons at the radial aspect of the wrist and pain with stretching of the thumb with adduction consistent with a Finkelstein maneuver. Working assessment on that date was of De Quervain's tenosynovitis to the right wrist. It states conservative care has included six sessions of acupuncture, six sessions of physical therapy, bracing, home exercises and prescription medications. Recommendation was for surgical intervention in the form of a tendon sheath release at that time. Documentation regarding prior injectual therapy was not noted. Further clinical records are not supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right wrist De Quervain's tendon sheath release between 9/18/13 and 11/2/13: 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 Disability Guidelines-TWC, Chapter: Forearm, Wrist and Hand de Quervain's Tenosynovitis surgery.

Decision rationale: Based on California ACOEM Guidelines, the role of De Quervain's release in this case would not be indicated. Guideline criteria only indicate that it would be under unusual circumstances of persistent pain and function that an open procedure to the first dorsal extensor compartment would occur. When further looking at Official Disability Guideline criteria, Guidelines do not recommend the role of the procedure unless therapeutic injections have been utilized. Records in this case fail to demonstrate prior injectual therapy to the wrist. The role of surgical process in the absence of therapeutic injections would not be supported.