

Case Number:	CM13-0039100		
Date Assigned:	12/18/2013	Date of Injury:	05/30/2012
Decision Date:	02/10/2014	UR Denial Date:	09/10/2013
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 patient is a 51-year-old female who was injured on 05/30/12 after a fall onto an outstretched hand that resolved with conservative treatment. A second injury was sustained in early September 2012, by another fall at work onto outstretched left hand. A clinical orthopedic assessment by hand surgeon, [REDACTED], on 08/27/13 indicated continued complaints of pain despite splinting and therapy. It stated radiographs at the time of September 2012 assessment were negative. At present, the claimant's physical examination shows the left upper extremity to have normal range of motion of the wrist with a positive Tinel's test at the wrist, 5/5 motor strength, and full range of motion. Objectively, she was diagnosed with left intersection syndrome/forearm tendonitis of the left first and second dorsal compartments. Recommendations, based on failed conservative care to date, were for an extensor tenosynovectomy to the first and second dorsal compartment. The medical records stated conservative care has included lateral epicondylar injections to the elbow, but no injections to the wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left intersection release with extensor tenosynovectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

Decision rationale: Based on California ACOEM Guidelines, surgical decompression for left intersection release with extensor tenosynovectomy cannot be recommended as medically necessary. CA ACOEM Guidelines indicate that only under unusual circumstances of persistent pain and limited function would surgery be an option for a diagnosis of de Quervain's tenosynovitis. Records in this case indicate limited treatment with no documentation of prior corticosteroid injections performed. The role for acute surgical process given the claimant's clinical presentation and lack of documented conservative care would not be indicated.