

Case Number:	CM13-0048315		
Date Assigned:	12/27/2013	Date of Injury:	08/20/2013
Decision Date:	05/19/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Pennsylvania. 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 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 40-year-old who was injured in a work related accident on August 20, 2013. Recent clinical records include an October 3, 2013 progress report where the claimant was with intermittent left thumb and wrist pain. The working assessment was that of De Quervain's tenosynovitis with exam findings showing a positive Finkelstein's test, diminished range of motion at end points and mild swelling. Documentation of recent conservative care or measures since time of injury was not noted. At present, there is a request for "left hand surgery" for a diagnosis of left De Quervain's tenosynovitis. Specific to the claimant's diagnosis, there is no documentation of prior injection therapy having been utilized. There is no further clinical imaging or documentation of care outlined. At present, there is a request for "left hand surgery" as stated. It specifically states at last clinical visit that a corticosteroid injection was offered but "she does not wish to deal with the pain from the injection".

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT HAND SURGERY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

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

Decision rationale: The clinical records provided for review indicate the claimant declined a corticosteroid injection for the purpose of "not dealing with the injection". There was no indication of previous injection care noted. ACOEM Guidelines' criteria would not support the acute need of surgical release for a first dorsal extensor compartment with the absence of conservative measures including injection therapy. The acute need of surgery in this individual with lack of documentation of conservative care would not be supported. The request is not medically necessary and appropriate.