

Case Number:	CM13-0061802		
Date Assigned:	01/15/2014	Date of Injury:	03/14/2013
Decision Date:	05/07/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/05/2013

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 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 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 55-year-old, who was injured in a work-related accident on 03/14/13. The recent clinical assessment for review, dated 11/05/13, indicates continued complaints of pain about the right wrist. She states that she was initially injured while trying to catch herself on an outstretched arm. The working assessment indicated "right wrist injury." The physical examination findings demonstrated tenderness and positive Finkelstein maneuver. A splint was recommended, as well as work restrictions. The follow-up assessment dated 11/15/1, indicated continued discomfort over the wrist stating that the claimant wishes to proceed with a first dorsal extensor compartment release. The physical examination findings at that time were not documented. There is documentation of treatment that has included a splint, medication management and activity restrictions since time of injury. At present, there is a request for a right wrist de Quervain's release procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT WRIST DEQUERVAIN'S RELEASE: 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: The surgical procedure in this case would not be indicated by the guidelines. The MTUS/ACOEM Guidelines indicate that under unusual circumstances of persistent pain at the wrist and limitation of function, surgery may be an option for treating DeQuervain's tendinitis. While surgical intervention can be indicated for persistent complaints of pain, it is usually under unusual circumstances that do not respond to further first line sources of conservative management such as injection therapy. At present, the records do not indicate prior injection therapy to the claimant's first dorsal extensor compartment. The absence of the above, at this time would fail to necessitate the acute need of surgical intervention.