

Case Number:	CM13-0068038		
Date Assigned:	01/03/2014	Date of Injury:	02/21/2012
Decision Date:	05/21/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/18/2013

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 Plastic and Reconstructive Surgery and is licensed to practice in Maryland. 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 patient is a 25 year old female with a reported date of injury of 2/21/12. Documentation from 9/4/13 notes the patient underwent cortisone injection of the right wrist on 11/26/12 for a previous diagnosis of Right DeQuervain's tenosynovitis. She is documented to have recovered fully until a recurrence of her symptoms in March 2013. On 9/4/13 examination she is noted to have a positive Finkelstein's test and point tenderness over the first dorsal compartment. Grind test is negative. She was given a cortisone injection and recommended to wear a thumb spica splint at all times. Follow-up from October 9, 2013 notes resolution of her pain. 'Finkelsteins' test is negative' but has point tenderness between the thenar and hypothenar muscles. Documentation from November 13, 2013 notes 'she continues to complain of pain and has failed 2 cortisone injections.' However, examination notes continued negative Finkelstein's but pain in bewtween the thenar and hypothenar muscles. Clinical assessment is still 'Right deQuervain's tenosynovitis resolving.' However, recommendation is for surgical release of right first dorsal compartment. Documentation from 11/20/13 notes the patient continues to complain of pain and is wearing her brace. Right wrist examination continues to document negative Finkelstein's test and point tenderness in between the thenar and hypothenar muscles. Assessment is continued resolving DeQuervain's tenosynovitis of the right wrist. Activity restrictions were placed and patient should continue to wear her brace. Documentation from 12/11/13 notes similar findings and examination. Although the patient is documented to be complaining of pain of the right wrist, her examination documents pain in between the thenar and hypothenar muscle with Finkelstein's test negative and no documentation of pain overlying the first dorsal compartment. Thus, examination continues as above and assessment is resolving DeQuervain's even though the requesting surgeon is documenting failure of cortisone injection and conservative therapy. Documentation from 1/6/14 notes similar findings from 12/11/13. Utilization review dated

12/6/13 did not certify right first dorsal compartment DeQuervain's release of the wrist. Reasoning given was that "given the lack of clinical findings detailing a degree of dysfunction involving the first dorsal compartment, surgical request is not substantiated as medically reasonable for the treatment of the industrial condition."

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT FIRST DORSAL COMPARTMENT WITH DE QUERVAIN'S RELEASE OF THE RIGHT WRIST: 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 patient is documented to complain of right wrist pain and has had multiple cortisone injections. She was diagnosed initially with DeQuervain's tenosynovitis and had exam findings consistent with this--point tenderness overlying the first dorsal compartment and Finkelstein's test positive. However, documentation after her last cortisone injection notes resolving DeQuervain's tenosynovitis with negative Finkelstein's and no documentation of point tenderness overlying the first dorsal compartment. The pain that is noted is between the hypothenar and thenar muscles, which would not be expected in DeQuervain's tenosynovitis. Even though the requesting surgeon later states that she continues to have right wrist pain and that she has failed cortisone injections and conservative therapy, his follow-up notes are inconsistent with this as each note continues to state Finkelstein's test is negative and the only pain documented is pain between the thenar and hypothenar muscles. Furthermore, his assessment continues to state resolving DeQuervain's tenosynovitis of the right wrist. From page 271, ACOEM Chapter 11: The majority of patients with DeQuervain's syndrome will have resolution of symptoms with conservative treatment. Under unusual circumstances of persistent pain at the wrist and limitation of function, surgery may be an option for treating DeQuervain's tendinitis. As stated in the utilization review and repeated here, surgical intervention is not substantiated by the documentation contained in the provided medical records. Thus, without further documentation of an examination and assessment consistent with DeQuervain's tenosynovitis the surgical release should not be certified.