

Case Number:	CM14-0007476		
Date Assigned:	02/07/2014	Date of Injury:	10/20/2009
Decision Date:	07/08/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/16/2014

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, Hand Surgery, and is licensed to practice in Texas. 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 injured worker is a 53-year-old female who reported an injury on 10/20/2009 due to repetitive trauma while performing normal job duties. The injured worker reportedly sustained injury to her bilateral upper extremities. The injured worker's treatment history included 18 sessions of occupational therapy. The injured worker underwent an MRI of the right hand on 09/17/2013 that noted degenerative changes of the distal interphalangeal joints of the 5th finger, and an MRI of the right wrist on the same day that noted peri-tendinitis of the flexor carpi radialis tendon. The injured worker was evaluated on 12/09/2013. It was documented that the injured worker complained of occasional bilateral hand numbness with pain that radiated into the neck. It was documented that the injured worker wore a thumb splint. Physical findings included a positive Phalen's sign, Tinel's sign, and Finkelstein's test bilaterally, with the right-sided symptoms greater than the left. A request was made for bilateral De Quervain's release and preoperative medical clearance and a postoperative course of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT BILATERAL WRISTS DE QUERVAINS RELEASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Forearm, Wrist, Hand, web edition.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The American College of Occupational and Environmental Medicine recommends surgical intervention for this inflammatory process under unusual circumstances of persistent pain and significantly limited function. The clinical documentation submitted for review does indicate that the injured worker has intermittent pain and does not sufficiently document that the injured worker's activities are significantly impaired due to the patient's symptoms. Additionally, the clinical documentation does not support that the patient has exhausted all conservative treatment. There is no documentation of anti-inflammatory medications or corticosteroid injections to reduce inflammation and symptoms. Furthermore, the clinical documentation does not clearly indicate why surgical intervention on both extremities at the same time is necessary. Therefore, the requested outpatient bilateral wrists De Quervains release is not medically necessary or appropriate.

PRE-OPERATIVE MEDICAL CLEARANCE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

INITIAL POST-OPERATIVE PHYSICAL THERAPY FOR EIGHTEEN (18) SESSIONS FOR THE BILATERAL WRISTS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.