

<b>Case Number:</b>	CM14-0007538		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	02/21/2012
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Orthopedic 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 26-year-old who reportedly was injured on February 21, 2012, but the mechanism of injury is not documented. She complains of right wrist pain. The records indicate that she had a diagnosis of de Quervain's tenosynovitis and she underwent a cortisone injection to the right wrist on November 26, 2012 when she made a full recovery. She continued to work until March of 2013 when she was taken off of work due to recurrence of wrist pain. The most recent progress note submitted for review is dated January 6, 2014 when the injured worker was seen for reevaluation of her right wrist. Examination of the right wrist/hand noted motion is full with fingertip flexion to the mid-palmar crease. There is no atrophy of the intrinsic or thenar muscles. Finkelstein's test is negative. There is point tenderness between the thenar and hyperthenar muscles. Tinel's and Phalen's tests are negative. There is no evidence of snuff box tenderness. Watson's test is negative. Normal manual dexterity is noted. skin is intact. Grind test is negative in the 1st metacarpotrapezial joint. Strength testing is normal. Wrist range of motion is within normal limits for dorsiflexion, palmar flexion, radial deviation, and ulnar deviation. A request for right first dorsal compartment with de Quervain's release right wrist was determined as not medically necessary per utilization review dated December 10, 2013. It was noted that the injured worker had temporary benefit from the first dorsal compartment injection. Of significance was the fact that there was reported degree of increasing symptoms after two cortisone injections, but on clinical examination the only finding detailed was tenderness over the palm between the thenar and hypothenar eminences. Given the lack of clinical findings detailing a degree of dysfunction involving the first dorsal compartment, surgical request is not substantiated as medically necessary.

### 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 RELEASE ,RIGHT WRIST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The injured worker has complaints of right wrist pain secondary to an injury of unknown etiology on February 21, 2012. She has been treated conservatively with activity modification/work restrictions, bracing/spica splint, and two cortisone injections to the first dorsal compartment with some temporary relief noted. physical examination reported negative Finkelstein's test, with no other provocative findings consistent with de Quervain's syndrome. The request for right first dorsal compartment with De Quervain release of the right wrist is not medically necessary or appropriate.