

Case Number:	CM14-0108730		
Date Assigned:	08/01/2014	Date of Injury:	01/02/2003
Decision Date:	09/09/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/14/2014

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 Orthopaedic 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 60-year-old female banker sustained an industrial injury on 1/2/03. Injury to the right upper extremity and foot occurred when she slipped and fell in a parking lot. Past surgical history was positive for right elbow arthroscopic debridement, right foot surgery x2, and bilateral carpal tunnel releases. Records indicated the patient was being treated for significant depression and anxiety with medications and psychotherapy. She was attending a program at [REDACTED], with medication reduction. Past medical history was positive for a diagnosis of fibromyalgia. The 6/25/14 treating physician report cited complaints of intermittent moderate low back pain radiating to the hips and legs bilaterally, and intermittent moderate right arm, elbow, and bilateral hand pain. Exam of the bilateral wrists/hands revealed mild tenderness to palpation over the 1st dorsal extensor compartment bilaterally. There was no crepitus. The treatment plan requested authorization for the patient to undergo a deQuervain's release for the right wrist. Additional requests included physical therapy 2x4 and bilateral upper extremity EMG/NCV. The 7/8/14 utilization review denied the request for deQuervain's release of the right wrist as there is no documentation of specific previous treatment including injection therapy to warrant operative intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient surgery - DeQuervain's release for the right wrist: Upheld

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

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

Decision rationale: The California MTUS guidelines state that 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. The Official Disability Guidelines recommend deQuervain's tenosynovitis surgery as an option if there are consistent signs and symptoms and the patient fails 3 months of conservative care with splinting and injection. Guideline criteria have not been met. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. Records suggest that right wrist corticosteroid injections may have been provided in 2011 but specifics are not documented. There is no clear exam evidence of deQuervain's tenosynovitis. Therefore, this request is not medically necessary