

Case Number:	CM14-0121374		
Date Assigned:	08/06/2014	Date of Injury:	07/29/1998
Decision Date:	09/11/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/01/2014

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 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 is a 55-year-old female who was injured in a work-related accident on 7/29/98 sustaining an injury to the right upper extremity. There is a recent 6/24/14 progress report indicating complaints of right wrist pain with radiation to the forearm and swelling. Objective findings showed tenderness over the first dorsal extensor compartment with a positive Finkelstein's test. Plain film radiographs of the wrist were negative. Reviewed was a recent MRI scan showing inflammatory findings to the abductor pollicis longus. Previous treatment was noted to have included physical therapy. The claimant was diagnosed with deQuervain's stenosing tenosynovitis to the wrist. Surgical intervention in the form of a first dorsal extensor compartment was recommended for further intervention. Further review of prior records indicated that the claimant has been treated in the past with "injections." However, there is no documentation that the injections occurred before the claimant's diagnosis of deQuervain's tenosynovitis. There is no documentation of mechanism of injury dating back over sixteen years.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 first extensor compartment release of the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271. Decision based on Non-MTUS Citation Official Disability Guidelines- Forearm, Wrist & Hand (Acute & Chronic).

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

Decision rationale: Based on California ACOEM Guidelines, surgical intervention for the claimant's first dorsal extensor compartment would not be indicated. At present, there is no documentation of recent injection therapy or any specific injection therapy to the claimant's first dorsal extensor compartment noted. Without documentation of prior injections, this individual does not satisfy guideline criteria that supports the role of corticosteroid injections and conservative care prior to proceeding with any degree of surgical release for a first dorsal extensor compartment inflammatory diagnosis. The request is not medically necessary and appropriate.