

Case Number:	CM14-0128721		
Date Assigned:	08/18/2014	Date of Injury:	08/23/2010
Decision Date:	09/15/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/13/2014

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 59-year-old gentleman who sustained a vocational injury on 08/23/10. The records provided for review document that the claimant underwent open scapholunate ligament repair, TFCC debridement, pin ablation on 08/15/13 and subsequent hardware removal on 10/31/13. Postoperatively, the claimant attended occupational therapy. The claimant has recently had right index finger and right small finger triggering for which he received injections that provided minimal, short term relief. In addition, he continues to have active triggering of the index and small finger. The office note dated 07/25/14, documented a diagnosis of right index finger, right middle finger, right small finger trigger fingers, right De Quervain's, and right osteoarthritis of the CMC joint. On exam, the claimant had triggering of the index, middle and small fingers with pain at the A1 pulleys of each finger. He had palpable pain at the CMC joint of the right thumb with a positive grind test. He had palpable pain at the radial wrist and first dorsal compartment. There was good stability of the wrist with minimal pain during testing of wrist stability. It was noted on the impression that the claimant had pain at the radial aspect of the right wrist status post a prior scapholunate injury, which involved surgery and percutaneous pins being placed at the radial aspect of the wrist. Subsequently, he developed scar tissue and irritation of the extensor tendons at the first dorsal compartment. An authorization for a first dorsal compartment release of the right wrist was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right 1st dorsal compartment release to be added to A1 pulley release already scheduled for 8/15/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Forearm, Wrist and Hand chapter: de Quervain's tenosynovitis surgery.

Decision rationale: California ACOEM Guidelines recommend that prior to considering surgical intervention for the forearm, wrist or hand, there should be documentation that the claimant has failed to respond to conservative management. Including, work site modifications and have clear, clinical and special study evidence of lesions that have been shown to benefit in both the short and long term from surgical intervention. California ACOEM Guidelines note that one or two injections of Lidocaine and corticosteroids into or near the thickened area of the flexor tendon sheath of the affected finger is almost always sufficient to cure symptoms and restore function. In regards to De Quervain's syndrome, ACOEM states that most claimants will have resolution of symptoms with conservative treatment. For unusual circumstances of persistent pain at the wrist and limitation of function, surgery may be an option for treating De Quervain's tendinitis. Official Disability Guidelines (ODG) for De Quervain's tenosynovitis, note that surgical intervention can be considered an option if claimants have failed three months of conservative care with splinting and injection. Surgical treatment of De Quervain's tenosynovitis or hand and wrist tendinitis/tenosynovitis without a trial of conservative therapy including a work evaluation is generally not indicated. The majority of patients with De Quervain's syndrome will have a resolution of symptoms with conservative treatment. Injection alone is the best therapeutic approach to De Quervain's tenosynovitis. Currently, there is a lack of documentation the claimant has attempted, failed and exhausted a continuous course of conservative treatment for a minimum of three months, which should include work site modifications. There is a lack of documentation the claimant has attempted, failed and exhausted splinting and a diagnostic/therapeutic injection into the first dorsal compartment of the right wrist. In addition, it is not clear that the claimant truly has De Quervain's syndrome as there is no documentation of a Finkelstein test and the claimant's pain on the radial aspect of the right wrist may be related to previous surgical intervention from percutaneous pinning and scar formation. Therefore, based on the documentation presented for review and in accordance with California ACOEM Guidelines and Official Disability Guidelines, the request for the right first dorsal compartment release with A1 pulley release is not medically necessary.