

<b>Case Number:</b>	CM14-0129447		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	03/20/2013
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 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:

The claimant is a 54-year-old female who was injured on 03/20/13. The clinical records provided for review document current complaints of pain in the right upper extremity. The 07/30/14 progress report noted continued complaints of pain in the right wrist and that the claimant has not been evaluated for eleven months, since August of 2013. Objectively, there was a positive Finkelstein's test with tenderness over the first dorsal extensor compartment. The diagnosis was radial styloid tenosynovitis of the right wrist with failed conservative care. Based on continued symptoms, the recommendation was made for surgery. The records did not identify any conservative treatment provided including injection therapy over the past eleven months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right de Quervains release:** 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:** Based on California ACOEM Guidelines, the request for right DeQuervain's release is not recommended as medically necessary. The medical records do not identify any conservative treatment over the past eleven months including no prior recent injection therapy. Without indication of recent conservative measures, the acute need of a De Quervain's release would not be supported as medically necessary.

**Post op Physical therapy 2x a month for total 4 visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The request for right DeQuervain's release is not recommended as medically necessary. Therefore, the request for four postoperative physical therapy sessions is also not recommended as medically necessary.

**Hydrocodone 5/325mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-88,91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Criteria for Use Page(s): 76-80.

**Decision rationale:** The request for right DeQuervain's release is not recommended as medically necessary. Therefore, the request for postoperative use of Hydrocodone is also not medically necessary.