MAXIMUS Federal Services

Case Number:	CM14-0139912		
Date Assigned:	09/08/2014	Date of Injury:	12/20/2012
Decision Date:	09/29/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/28/2014

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 44-year-old female sustained an industrial injury on 12/20/12 due to repetitive motion. Initial conservative treatment included activity modification, anti-inflammatory medication, bracing, and a course of physical therapy. The 4/26/13 right wrist MRI revealed minimal dorsal capsular inflammation suggestive of capsulitis or sprain. There was no intrinsic ligament disruption or triangular fibrocartilage complex tear. There was a small sub-centimeter region of capsular prolapse or ganglion cyst along the distal volar aspect of the radius, considered of doubtful significance. Records suggested a flare in early February 2014 with repetitive work duties. There was tenderness over the 1st dorsal compartment and positive Finkelstein's. The patient underwent an injection on 2/21/14. The 3/27/14 chart note indicated the patient was doing well post injection with full range of motion and no swelling. The 7/9/14 treating physician report indicated the patient was doing well and a previous injection had helped. Physical exam noted full range of motion with no swelling. The treatment plan recommended an injection to the first dorsal compartment, home exercises, and anti-inflammatory medication. The 8/14/14 treating physician report indicated the patient was doing well, helped with injection. Physical exam noted full range of motion and no swelling. The diagnosis was deQuervain's syndrome. A right wrist arthroscopy was requested to include synovectomy and release of the 1st dorsal compartment. The patient was reported capable of full duty work. The 8/21/14 utilization review denied the request for right wrist arthroscopy based on an absence of current clinical documentation to warrant surgical repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical Arthroscopy of the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

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. Guideline criteria have not been met. Records indicate that the patient is doing well with no clinical exam evidence of swelling and full motion. There is no current documentation of pain or functional impairment, the patient was reported capable of full duty work. Therefore, this request is not medically necessary.