

Case Number:	CM14-0155133		
Date Assigned:	09/25/2014	Date of Injury:	01/02/2003
Decision Date:	11/14/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/23/2014

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:

61-year-old female claimant with an industrial injury dated 01/02/03. Exam note demonstrates the patient is status post a bilateral carpal tunnel release and right elbow arthroscopy. The patient also underwent an injection for DeQuervain's tenosynovitis without improvement. Other conservative treatments have included medication and therapy all resulting in no long-term improvement. Exam note 08/20/14 states the patient returns with low back pain radiating to both legs. The patient was using a cane to aid in her mobility. The patient demonstrated pain with activities, intervertebral disc moderate pain in the right arm and elbow with numbness and tingling in both hands. Upon physical exam there was tenderness to palpation about the paracervical and trapezial musculature. The patient had positive cervical distraction test and muscle spasms. The patient demonstrated a restricted range of motion with pain. There was also tenderness over the first dorsal extensor compartment bilaterally. Treatment includes a DeQuervain's release of the right wrist, and aquatic therapy due to obesity.

IMR ISSUES, DECISIONS AND RATIONALES

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

DeQuervains' release right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, OMPG, Second Edition (2004), chapter 11, page 271

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: CA MTUS/ACOEM Guidelines, Forearm, Wrist and Hand Complaints, page 265, states that "DeQuervain's tendinitis, if not severe, may be treated with a wrist-and-thumb splint and acetaminophen, then NSAIDs, if tolerated, for four weeks before a corticosteroid injection is considered." Under unusual circumstances of persistent pain at the wrist and limitation of function, surgery may be an option for treating DeQuervain's tendinitis. In this case the exam note from 8/20/14 does not demonstrate evidence of severe symptoms or failed conservative management. Therefore the request for DeQuervain's Release Right Wrist is not medically necessary.