

Case Number:	CM14-0157816		
Date Assigned:	10/01/2014	Date of Injury:	01/01/2013
Decision Date:	12/10/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/25/2014

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 Minnesota. 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 injured worker is a 65 year old diabetic female with a history of industrial injury on 1/1/2013. She complains of right wrist pain, intermittent tingling in the right wrist and thumb, low back pain, and bilateral knee pain. On examination there is a positive Tinel's positive Phalen's, and positive Finkelstein documented. X-rays of the wrist on 3/3/2014 were said to show "basal joint arthritis", Question of thumb CMC joint. The radiology report is not submitted. Examination findings from March 3, 2014 through July 23, 2014 are submitted. She was treated with a thumb spica brace, Naproxen, and intramuscular injections of Toradol. The NSAID was changed to Mobic on 6/6/2014. EMG and nerve conduction studies were reported to be normal on 4/15/2014. The first dorsal compartment was injected with a small dose of water soluble short acting corticosteroid, dexamethasone on 6/18/2014. She was improved when seen again on 7/23/2014. She was released to return to modified work at that time. The arthritic basal joint of the thumb was not injected. The disputed issue pertains to a request for surgery consisting of 1st dorsal compartment release which was denied by UR for lack of adequate documentation pertaining to conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right first Dorsal Compartment Release: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

Decision rationale: The California MTUS guidelines recommend conservative treatment for De Quervain's Syndrome. The majority of patients have resolution of symptoms with conservative treatment. Under unusual circumstances with persisting pain and limitation of function surgery may be an option. The records do not include a detailed evaluation of the CMC joint of the thumb which may be a pain generator and is reported to be arthritic on x-rays. A radiology report was not submitted. The arthritic joint has not been injected with corticosteroids. Furthermore, a long acting corticosteroid was not utilized in the first dorsal compartment. However, improvement was documented with the short acting steroid. Before surgical consideration adequate conservative treatment with a long acting corticosteroid and identification of the pain generator needs to be carried out. Based upon MTUS guidelines the request for a right 1st dorsal compartment release is not medically necessary.

Medical Clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-Op labs: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-Operative Physical Therapy 2x6 of the Right Hand: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.