

Case Number:	CM14-0159552		
Date Assigned:	10/03/2014	Date of Injury:	07/25/2012
Decision Date:	10/30/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/29/2014

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 64 year old female who injured her right wrist in a work related accident on 07/25/12. The medical records provided for review included the 09/12/14 progress report documenting a history of surgical arthroscopy of the wrist with debridement of the triangular fibrocartilage complex and scaphoid lunate ligament. The progress report notes that since surgery the claimant has continued to experience pain, secondary to carpometacarpal thumb arthritis and is immobilized in a thumb spica splint. Physical examination showed a positive Finkelstein's test and tenderness over the thumb radiating up the arm. The treating physician diagnosed the claimant with De Quervain's tenosynovitis that has not responded to conservative treatment of splinting. And recommended surgical release of the first dorsal extensor compartment under local anesthetic. There was no documentation that the claimant was treated with prior injection therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

First extensor compartment release under local anesthesia (right wrist): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Forearm, Wrist & Hand Procedure Summary

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 first extensor compartment release under local anesthesia is not recommended as medically necessary. The ACOEM Guidelines state that surgical intervention for De Quervain's tenosynovitis is reserved for individuals who fail considerable conservative care and continue to be with limited function. Records in this case indicate minimal conservative measures specific to the claimant's diagnosis as the only form of documented treatment is splinting. There is no indication of medication management, physical therapy or prior injection therapy. In the absence of documentation of all aspects of conservative tried, the request for first extensor compartment release under local anesthesia cannot be supported as necessary.