

Case Number:	CM14-0176377		
Date Assigned:	10/29/2014	Date of Injury:	05/13/2014
Decision Date:	12/18/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/24/2014

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 Orthopaedic 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 53-year-old female child care worker sustained an industrial injury on 5/13/14. Injury occurred when her left hand was slammed in a cabinet door. X-rays on 5/29/14 demonstrated no acute bony or joint abnormality. The progress reports in documented conservative treatment of bracing, physical therapy, and anti-inflammatory medications without benefit. The patient complained of persistent pain, popping and catching. The patient remained on modified duty with a diagnosis of left thumb tenosynovitis, De Quervain syndrome. The 8/12/14 progress report documented a corticosteroid injection 8 days prior had produced a 50% improvement in symptoms. The patient was off work due to lack of light duty work. Left wrist exam documented tenderness of the anatomical snuff box over the extensor tendon, positive Finkelstein's, and decreased range of motion in radial deviation and extension. The treatment plan recommended continued bracing and follow-up in 2 weeks. The 8/26/14 progress report documented a return of left wrist pain, aggravated by grasping and twisting, and catching. The patient was working one hour per day and continued to use her brace. The treatment plan recommended continued bracing and home exercise program, and requested additional physical therapy. The 9/22/14 treating physician progress report cited continued left wrist pain and discomfort, increasing over the dorsal radial aspect. Physical exam documented 2+ tenderness over the dorsal radial aspect of the wrist, 2+ Finkelstein's, and no locking of the flexor pollicis. The diagnosis included radial styloid tenosynovitis, De Quervain syndrome. The treatment plan requested authorization for dorsal extensor tenosynovectomy left wrist. The 9/29/14 utilization review denied the left wrist surgery request based on lack of clear documentation of a diagnosis of De Quervain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left wrist dorsal extensor Tenosynovectomy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand (updated 08/08/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand, De Quervain tenosynovitis surgery

Decision rationale: The California MTUS guidelines state that the majority of patients with De Quervain 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. The Official Disability Guidelines recommend De Quervain tenosynovitis surgery as an option if there are consistent signs and symptoms and the patient fails 3 months of conservative care with splinting and injection. Guideline criteria have been met. This patient presents with a 4 month history of tenosynovitis with short term benefit to corticosteroid injection but continued significant functional limitation preventing return to full duty work. Evidence of 4 months of a reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.