

<b>Case Number:</b>	CM14-0178621		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	02/22/2012
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 is a 34 year old female with a 2/22/12 injury date. She was unloading shipment and noticed the right shoulder and neck were hurting. In a 9/8/14 AME note, surgical release of the 1st dorsal wrist compartment was recommended. The patient has a history of complete but temporary relief of symptoms after a cortisone injection in the first dorsal wrist compartment. In a follow-up on 9/8/14, the patient continues to complain of right wrist pain. On exam there was tenderness over the 1st dorsal compartment and a positive Finkelstein test. Diagnostic impression: DeQuervain's tenosynovitis. Treatment to date: medications, cortisone injection, physical therapy, wrist splint. A UR decision on 10/2/14 denied the request for right DeQuervain's release because there was no indication of failure of conservative treatment. The request for anesthesiologist was denied because the associated procedure was not certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated Surgical Service: Anesthesiologist:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.gov/pubmed/10861159>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Silber JH1, Kennedy SK, Even-Shoshan O, Chen W,

Koziol LF, Showan AM, Longnecker DE. Anesthesiologist direction and patient outcomes. *Anesthesiology*. 2000 Jul;93(1):152-63.

**Decision rationale:** CA MTUS and ODG do not address this issue. In the study by Silber et al, both 30-day mortality rate and morality rate after complications were lower when anesthesiologists directed anesthesia care. Given that the associated procedure was certified, the use of an anesthesiologist is warranted. Therefore, the request for Anesthesiologist is medically necessary.

**Right de Quervain's Release:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand, de Quervain's Tenosynovitis Surgery

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 259 and 271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand, de Quervain's Tenosynovitis Surgery.

**Decision rationale:** CA MTUS states that the majority of patients with De Quervain's syndrome will have resolution of symptoms with conservative treatment. ODG states that surgery for DeQuervain's tenosynovitis is recommended as an option if there are consistent symptoms, signs, and failed three months of conservative care. At this point, the patient has completed over three months of conservative treatment that has included wrist splinting, injection, physical therapy, and NSAID medication. The injection did produce complete but temporary relief of symptoms. The medical necessity of the procedure appears to be supported. Therefore, the request for right DeQuervain's release is medically necessary.