

Case Number:	CM14-0183979		
Date Assigned:	11/10/2014	Date of Injury:	04/30/2001
Decision Date:	12/18/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/04/2014

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 57 year old female with a history of bilateral upper extremity issues. Her date of injury is 4/30/2001. She is 5 feet 3 inches tall and weighs 295 lbs. She underwent bilateral carpal tunnel releases in 2002, the left in February and the right in May. Partial benefit was reported from surgery. On August 24, 2010 a right third finger trigger finger release was performed along with releases of the dorsal 1st, 2nd, and 3rd compartments of the right wrist. The disputed issue pertains to a request for a left DeQuervain's release. She has been receiving physical therapy for dorsal wrist pain and ulnar forearm pain with supination. Multiple new injuries are reported from hitting the wrist, getting hit by objects, and falling on the hand. However, improvement is documented. An MRI scan of the wrist was approved. Results are not submitted. The last exam of 8/8/2014 documents pain in the CMC joint of the left thumb with a negative Finkelstein's sign bilaterally and normal range of motion. She was tender over the CMC joint. X-ray findings pertaining to the of the CMC joint are not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left DeQuervain's release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 259, 271, 272, 273.

Decision rationale: The California MTUS guidelines recommend conservative treatment for DeQuervain's disease. Under unusual circumstances surgery may be an option if conservative treatment with injections of corticosteroids, splinting, and physical therapy is not effective. Documentation provided does not indicate such treatment. The last examination of 8/8/2014 documented pain and tenderness over the CMC joint of the thumb and a negative Finkelstein's sign indicating that the pain generator may be CMC joint arthritis and not DeQuervain's disease. An x-ray of the thumb and corticosteroid injection into the CMC joint may be needed. Physical therapy notes document dorsal and ulnar wrist pain related to supination. Imaging studies are not included. Based upon the above the request for a left DeQuervain's release is not medically necessary.

Pre-op 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.

18 Physical Therapy sessions: 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.