

<b>Case Number:</b>	CM14-0026129		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	07/31/2008
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 47-year-old female sustained an industrial injury on 7/31/08. The patient underwent left wrist deQuervain's release/decompression on 3/24/09, revision left deQuervain's release on 6/4/12, and left trigger thumb release on 10/1/12. Records indicated that the patient did not attend any physical therapy following the last two surgeries. Conservative management included activity modification, wrist bracing, and medications. The patient underwent one left wrist injection on 1/13/14 that did not help. The 2/3/14 treating physician progress report cited continued left hand pain. Left upper extremity exam documented tenderness over the first distal compartment and distal 1/3 of the forearm. The patient refused grip strength testing due to pain. The diagnosis was left deQuervain's tenosynovitis, left intersection syndrome, and hand/wrist tenosynovitis. The treatment plan recommended re-exploration of the left first dorsal compartment and left distal 1/3 forearm. The 2/5/14 PQME report cited constant left wrist and thumb pain with popping and tingling. Pain was increased with gripping, grasping, twisting, holding, and pushing. Pain was relieved with propping her elbow, ice, and medications. Physical exam documented left radial styloid tenderness, painful range of motion, and decreased left upper extremity sensation in a median nerve distribution. She was unable to make a complete fist with her left hand. There was some mottling and coolness in the skin of the left hand. The patient was unable to grip with her left hand. Pinch strength was decreased on the left. The diagnosis was status post deQuervain's release/decompression, chronic left ulnar collateral ligament sprain, and left thumb triggering/early stenosing tenosynovitis. The PQME expressed concern that the patient may be developing early complex regional pain syndrome. Prior to additional surgery, he recommended that the patient be referred for a three-phase bone scan. The 2/21/14 utilization review denied the request for re-exploration of the first dorsal compartment and associated

items/services. Subjective and objective findings did not support the diagnosis of deQuervain's syndrome and recent comprehensive conservative management was not evidenced.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Re-Exploration of the first Dorsal Compartment and Left Distal 1/3 Forearm: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand, de Quervain's tenosynovitis surgery.

**Decision rationale:** The Official Disability Guidelines recommend deQuervain's 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. Surgical treatment of deQuervain's tenosynovitis or hand/wrist tendinitis/tenosynovitis without a trial of conservative treatment, including work evaluation, is generally not indicated. This patient presents status post two surgeries for deQuervain's tenosynovitis with continued pain and disability. The clinical exam does not document orthopedic exam findings sufficient to evidence deQuervain's tenosynovitis. There is no evidence that thumb spica splinting has been provided. There is no evidence of the specific location of injection therapy. Additionally, concern has been raised regarding early complex regional pain syndrome symptoms and additional testing was recommended prior to additional surgery. Therefore, this request for re-exploration of the first dorsal compartment and left distal 1/3 forearm 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.

#### **9 post-operative 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.

**1 prescription of Norco 5mg #25 for post-op use:** 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.