

Case Number:	CM14-0027746		
Date Assigned:	06/13/2014	Date of Injury:	09/26/2011
Decision Date:	08/04/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	03/03/2014

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 Texas. 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 61-year-old female who reported an injury on 09/26/2011 due to a repetitive trauma while performing normal job duties. The injured worker ultimately developed bilateral DeQuervain's tenosynovitis with trigger flexor pollicis longus and bilateral carpal tunnel syndrome. The injured worker's treatment history included carpal tunnel release and postsurgical physical therapy. The injured worker was also provided with medications for pain relief. The injured worker was evaluated on 12/18/2013. It was documented that the injured worker had previously had an injection to the left 1st dorsal compartment that did not provide long term pain relief. It was documented that she had left-sided decreased grip strength. It was noted that the injured worker wished to proceed with carpal tunnel re-release and a recommendation was made for a corticosteroid injection into the right 1st dorsal compartment in an attempt to avoid surgical intervention. The injured worker was again evaluated on 01/29/2014. It was noted that surgical intervention had been requested. However, no Request for Authorization form was submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

INCISION OF TENDON SHEATH: Upheld

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

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

Decision rationale: ACOEM Guidelines do recommend surgical intervention for DeQuervain's syndrome for patients who have been recalcitrant to conservative treatments. However, the clinical documentation submitted for review does not support that the patient has exhausted all conservative resources. It is noted that the injured worker underwent a corticosteroid injection on 12/18/2013. The results of that injection were not specifically addressed in the next chart note dated 01/29/2014. Furthermore, the request as it is submitted does not specifically identify a right or left side. Therefore, the appropriateness of the request itself cannot be determined. As such, the request is not medically necessary.