

<b>Case Number:</b>	CM14-0038688		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/20/2013
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 44 year old female who reported an injury to her left hand and wrist as a result of traumatic injury on 10/29/12 and 3/20/13. The MRI of the left wrist dated 10/18/13 revealed findings consistent with minimal tenosynovitis at the second extensor compartment involving the extensor carpi radialis brevis and longus tendons. A ganglion cyst measuring 5x4x1mm was identified at the radial carpal joint. A clinical note dated 12/04/13 indicated the injured worker had well healed surgical scar at volar radial aspect of the left wrist. The injured worker had continuing complaints of intermittent numbness and tingling at the base of the left palm. The injured worker reported increase in pain after lifting a heavy skillet. A clinical note dated 01/23/14 indicated the injured worker continuing with complaints of left hand and wrist pain. The injured worker stated the initial injury occurred on 10/29/12 when her hand got caught between two heavy metal doors and one of the doors slammed shut. The injured worker reported popping sensation with immediate pain at the left hand and fingers. Upon exam the injured worker demonstrated 37 degrees of left wrist dorsiflexion, 42 degrees of palmarflexion, 11 degrees of radial deviation, 16 degrees of ulnar deviation, 68 degrees of pronation, and 73 degrees of supination. The operative report dated 04/14/14 indicated the injured worker undergoing de Quervain's procedure and volar wrist ganglion cyst excision. A clinical note dated 04/30/14 indicated the injured worker continuing with complaints of numbness and tingling at the left hand rated mild. Sutures were removed at that time. The injured worker was fitted for wrist brace. A clinical note dated 05/15/14 indicated the injured worker showing no signs of infection. The injured worker was recommended to continue occupational therapy at the left wrist. The occupational therapy note dated 06/11/14 indicated the injured worker completing eight therapy sessions to date. The utilization review dated 03/24/14 indicated the injured

worker having been recommended for non-certification to continue with the use of symptomatic medications and evaluation under consultation.

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

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

**Re-evaluation with Dr. [REDACTED] per 3/10/14 treatment request:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 112 & 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004): CH - 7, IME and Consultations Page 503.

**Decision rationale:** The clinical documentation indicates the injured worker complaining of numbness and tingling at the left hand and wrist. The injured worker sustained range of motion deficits at the left wrist. However, no updated information was submitted regarding the need for a consultation or second opinion. Therefore, without the necessary information in place indicating ongoing functional deficit at the left wrist this request is not indicated as medically necessary.

**Symptomatic medications, per 3/10/14 form. QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 60, 112, and 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

**Decision rationale:** The request for Symptomatic medications, per 3/10/14 form QTY: 1.00 is non-certified. No information was submitted regarding specific medications the injured worker is recommended to continue. The injured worker experienced post-operative pain. However, no information was submitted regarding specific medications the injured worker has been utilizing or the response to previous use of medications. Therefore, this request is not indicated as medically necessary.