

Case Number:	CM14-0083811		
Date Assigned:	09/08/2014	Date of Injury:	06/03/2013
Decision Date:	09/29/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/05/2014

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 Plastic and Reconstructive Surgery, and is licensed to practice in Maryland, Virginia, and North Carolina. 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 patient is a 58 year old female with a documented date of injury on 6/3/13 who requested authorization for left wrist 1st dorsal compartment release and right wrist 6th dorsal compartment release. Documentation from orthopedic follow-up dated 5/27/14, notes that the patient has had no improvement in her condition. Examination notes tenderness over the right distal ulna and a positive Finkelstein's test bilaterally. Assessment is that she has bilateral de Quervain's tenosynovitis and tendonosis and probable extensor carpi ulnaris (ECU) tear of the right wrist. The patient has been placed on modified duty. The requesting surgeon notes a response to the denial of surgery. He states that 'there is extensive documentation of prior splinting, medication, activity modification and cortisone injections.' He states that he is not requesting 6th dorsal compartment release, only injection. Documentation from April 24, 2014 notes an initial evaluation with a chief complaint of bilateral wrist pain. Treatment to date is noted to have consisted of thumb spica splints and cortisone injections into both 1st dorsal compartments, which the patient stated were of significant benefit. The pain is noted to have recurred and MRI was performed on 1/16/14 noting partial tearing with tenosynovitis of the extensor carpi ulnaris tendon. The patient is currently on modified duty. Her pain is described as moderate and sharp, localized to the 1st dorsal compartments bilaterally and the right sixth dorsal compartment. Medications include Ibuprofen, Synthroid and Crestor. Examination of the left wrist notes pain of the 1st dorsal compartment and Finkelstein's test is positive. Examination of the right wrist notes pain of the 1st dorsal compartment and 6th dorsal compartment. X-rays of both wrists from 4/20/14 note no acute fractures or dislocations. The patient is noted to have the following diagnoses: bilateral de Quervain's tenosynovitis, right extensor carpi ulnaris tendinosis with partial tearing and tenosynovitis, and probable degenerative tear of the TFCC of the right wrist. Recommendations are for consideration of steroid injection to the right 6th dorsal

compartment and for bilateral de Quervain's release. He states that although a second steroid injection could be considered for the de Quervain's tenosynovitis, 'the literature is clear that the best result is obtained with the first injection.' The definitive treatment is surgical release. Utilization review dated 5/20/14 did not certify the procedures as 'there is no documentation of conservative care for this claimant, including splinting, medications, activity modification and cortisone injections. In fact there is no report from the AP documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

First dorsal compartment release (left wrist): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271, 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand, de Quervain's tenosynovitis surgery.

Decision rationale: The patient has been treated over a greater than 3 month period with conservative management and steroid injection. This has affected her function and her condition has not improved. From American College of Occupational and Environmental Medicine (ACOEM) page 272, repeat or frequent injection of corticosteroids into carpal tunnel, tendon sheaths, ganglia, etc. is not recommended. The utilization review did not apparently have access to the medical records provided for this review that documented conservative management and steroid injection. Thus, de Quervain's release of the left wrist should be considered medically necessary.

6th Dorsal compartment release right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: The requesting surgeon has indicated that the actual request was for a steroid injection to the right 6th dorsal compartment and not surgical release. Based on this, the decision for 6th Dorsal compartment release right wrist should not be considered medically necessary. Conservative treatment would consist of a steroid injection and this is apparently what the requesting surgeon is recommending. American College of Occupational and Environmental Medicine (ACOEM), page 272, Table 11-7 notes a recommendation for initial injection into tendon sheath for clearly diagnosed cases of tenosynovitis.

