

Case Number:	CM14-0089910		
Date Assigned:	07/23/2014	Date of Injury:	02/02/2012
Decision Date:	08/28/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/13/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient presents with pain, weakness and decreased range of motion of the bilateral wrist. The provider is requesting a left dorsal wrist extensor tenosynovectomy, 1 assistant surgeon and post op physical therapy x12. For Post operative physical therapy, MTUS guidelines recommends for Extensor, tenosynovectomy 14 visits over 3 months. In this case, surgery is not indicated; therefore, post operative PT is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left Dorsal Wrist Extensor Tenosynovectomy: 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).

Decision rationale: This patient presents with pain, weakness and decreased range of motion of the bilateral wrist. The provider is requesting a left dorsal wrist extensor tenosynovectomy, 1 assistant surgeon and post op physical therapy x12. The medical records indicate the patient had a previous left wrist synovectomy performed on 09/19/2013 and a left carpal tunnel release on

03/02/2013. On 04/28/2014, patient presented with continued complaints of pain and positive findings. The provider recommended patient undergo extensor tenosynovectomy of the left wrist. The ODG under the wrist section has the following regarding de Quervain's tenosynovitis surgery, Recommended as an option if consistent symptoms, signs, and failed three months of conservative care with splinting and injection. In this case, the patient has positive finding with continued pain but the provider does not provide a rationale for why repeat surgery is being requested. Prior surgery has failed to improve the patient's condition and the patient has other symptoms that are widespread around the wrist/hand. The provider does not explain what repeat surgery is to accomplish. Therefore, the request is not medically necessary.

1 Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF SURGEONS; PHYSICIANS AS ASSISTANTS AT SURGERY.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: This patient presents with pain, weakness and decreased range of motion of the bilateral wrist. The provider is requesting a left dorsal wrist extensor tenosynovectomy, one assistant surgeon and post op physical therapy x12. Given the surgery has not been recommended an assistant surgeon is not necessary. Therefore, the request is not medically necessary.

12 Postoperative Physical Therapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post operative physical therapy, MTUS guidelines recommends for Extensor tenosynovectomy 14 visits over 3 months.

Decision rationale: This patient presents with pain, weakness and decreased range of motion of the bilateral wrist. The provider is requesting a left dorsal wrist extensor tenosynovectomy, 1 assistant surgeon and post op physical therapy x12. For Post operative physical therapy, MTUS guidelines recommends for Extensor, tenosynovectomy 14 visits over 3 months. In this case, surgery is not indicated; therefore, post operative PT is not medically necessary.