

Case Number:	CM14-0096310		
Date Assigned:	07/25/2014	Date of Injury:	02/19/2013
Decision Date:	08/29/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	06/24/2014

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 is a 42-year-old female injured in a work-related accident on 2/19/13. The records available for review include a 6/16/14 follow up report indicating continued complaints of pain in the right wrist for a diagnosis of deQuervain's tenosynovitis status post right deQuervain's tenosynovitis release of November 2013. On examination, there was a positive Phalen's and Finkelstein's test at the right wrist. The report documented that the patient had failed conservative care and continues to be symptomatic. The report of a 4/22/14 assessment documented treatment included a urine drug screen and a corticosteroid injection of the first dorsal extensor compartment. Based on her recalcitrant benefit from previous deQuervain's release, a revision release procedure was recommended in addition to a urine drug screen and the post-operative use of a home exercise kit for the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right wrist deQuervain's revision surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand Procedure Summary.

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

Decision rationale: According to the medical records, the patient did not benefit from the prior deQuervain's release. There is currently no documentation of post-operative imaging for review. While this individual is noted to have undergone treatment since the time of surgery including a corticosteroid injection, ACOEM Guidelines recommend that deQuervain's release should be used for unusual circumstances when pain persists in the wrist. Given the documentation of lack of benefit from initial procedure, the medical records do not support that there is an indication for a second similar procedure in this individual. Based on California ACOEM Guidelines, the request for right wrist deQuervain's revision surgery is not be medically necessary.

Home exercise kit (right wrist): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment CG-DME-10.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: Knee Procedure -Durable Medical Equipment (DME).

Decision rationale: The proposed right wrist deQuervain's revision surgery cannot be recommended as medically necessary. Therefore, the request for post-operative DME of a home exercise kit would also not be indicated.

Urine drug test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: California MTUS Chronic Pain Guidelines would not support the role of a urine drug screen. This patient recently underwent a urine drug screen in April 2014 with no evidence of abnormal finding. The medical records do not indicate why another urine drug test is being requested. Given the current medication use, and the April 2014 results of the urine drug test showing the patient's compliance, the documentation does not support the need for a repeat urine drug. Therefore, the request for a urine drug test would not be medically necessary.