

Case Number:	CM13-0054269		
Date Assigned:	12/30/2013	Date of Injury:	05/28/2013
Decision Date:	01/23/2015	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/12/2013

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 Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Oregon. 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 female has persistent right wrist pain. Her pain has persisted despite NSAIDS, injections and splinting. Treater's letter dated 10/30/13 confirms that the patient has had injections for her symptoms, however, his noted dated 10/16/13 does not mention injections in her prior treatment. Physical exam shows swelling over the first compartment and a positive Finkelstein test. Her surgeon recommends first compartment release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right 1st Dorsal Compartment Release: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 266.

Decision rationale: Per the ACOEM guidelines, Chapter 11, page 266, "DeQuervain's tendinitis, if not severe, may be treated with a wrist-and-thumb splint and acetaminophen, then NSAIDS, if tolerated, for four weeks before a corticosteroid injection is considered." Per the ACOEM guidelines, Chapter 11, page 271, "The majority of patients with DeQuervain's syndrome will have resolution of symptoms with conservative treatment. Under unusual circumstances of

persistent pain at the wrist and limitation of function, surgery may be an option for treating DeQuervain's tendinitis. Surgery, however, carries similar risks and complications as those already mentioned above (see A, "Carpal Tunnel Syndrome"), including the possibility of damage to the radial nerve at the wrist because it is in the area of the incision." The records do not include office note documentation that the patient has received a steroid injection for her first compartment tenosynovitis. Treater's letter on 10/30/13 indicates that the patient has had prior steroid injections, but the records provided for review do not include any actual office notes that document that a steroid injection was given on a specific date. The request is not medically necessary.