

<b>Case Number:</b>	CM14-0185865		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	07/12/2013
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 Minnesota. 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 61 year old female who was involved in a work related accident on 07/12/2013. She missed a step and fell backwards injuring her right wrist. Per MRI of 9/25/13 she sustained an acute fracture of the distal radial metaphysis. Her current diagnosis is right wrist deQuervain's tenosynovitis. Per the physician notes of 10/17/2014 she complains of interval increased pain overlying the dorsoradial wrist. She states the distal radius fracture is asymptomatic. She had previously been treated with anti-inflammatory medication and a steroid injection on 12/03/2013 with continued worsening of symptoms. Finkelstein is positive. The physician has requested authorization for surgical decompression of the first extensor compartment. This request is for a postoperative sling. The request was denied by the Claims Administrator on 10/28/2014 as the surgery has not been certified as reasonable or medically necessary. The denial of the sling was subsequently appealed to Independent Medical Review. There is no current information with regard to approval of the surgery in the documentation provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post Operative Sling.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 19th Edition,

Treatment for Workers Compensation, 12th Edition, Forearm, Wrist and Hand Chapter, Carpal Tunnel Syndrome, Splinting

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 267.

**Decision rationale:** A sling may be necessary for activity modification and accommodation after surgery. However, the surgery has been deemed not medically reasonable or necessary. Therefore the sling is also not medically necessary.