

<b>Case Number:</b>	CM14-0191781		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	01/28/2013
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 & 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 31 year old diabetic male with a reported date of injury on 1/28/13 who requested left De Quervain's release. He is noted to have evidence of left De Quervain's tenosynovitis on physical examination with positive Finkelstein's and treated conservatively with splinting, cortisone injection, and medical management including NSAIDs, acupuncture and physical therapy. Orthopedic qualified medical evaluation notes complaints of pain of the left thumb and wrist. The patient is noted to have had an injection on 2/27/13 for De Quervain's tenosynovitis and placed in a splint with no substantial improvement. Examination notes positive Finkelstein's sign, tenderness over the radial styloid and decreased grip strength on the left side. Assessment is that the patient has left De Quervain's tenosynovitis that has failed conservative management. Because the claimant is a diabetic with a history of acidosis, injection of steroids appears contraindicated. Surgical release of the 1st dorsal compartment is recommended. UR review dated 10/28/14 did not certify left De Quervain's release as there was no evidence of a prior steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient left De Quervain's release:** 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): 265, 271 Table 11-7 page 272. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Kallock E, Neher JO, Safranek S. 'Clinical inquiries. Do intra-articular steroid injections affect glycemic control in patients with diabetes?' J Fam Pract. 2010 Dec;59(12):709-10. Catalano LW, Glickel SZ, Barron OA, Harrison R, Marshall A, Purcelli-Lafer M. 'Effect of local corticosteroid injection of the hand and wrist on blood glucose in patients with diabetes mellitus.' Orthopedics. 2012 Dec

**Decision rationale:** Based on ACOEM guidelines, the concern over possible hyperglycemia of a diabetic patient, the fact that a previous injection was attempted and that the patient has failed reasonable, appropriate conservative management, De Quervain's release in this patient is considered medically necessary.