

Case Number:	CM14-0208645		
Date Assigned:	12/22/2014	Date of Injury:	07/22/2013
Decision Date:	02/28/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

35 year old male claimant with an industrial injury dated 09/27/13. The patient is status post right radial tunnel decompression as of 04/7/14. Exam note 06/11/14 states the patient returns with right hand pain. The patient has completed 12 physical therapy sessions and currently takes medication to aid in pain relief and improve strength. Upon physical exam there was evidence of tenderness surrounding the right dorsal forearm. There was also pain with the right wrist when asked to complete a wrist extension against resistance. MRI dated 09/16/14 reveals a low to moderate grade longitudinal split tear within the extensor pollicis brevis tendon superimposed on mild to moderate tendinosis with minimum tenosynovitis. Exam note 11/4/14 states the patient continues to have right wrist pain. Exam Finkelstein test was noted as positive with tenderness surrounding the first dorsal compartment. Treatment includes a right first dorsal compartment decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

1st Dorsal compartment decompression: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, wrist, and hand (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11, Forearm, Wrist and Hand Complaints, page 270, Referral for hand surgery consultation may be indicated for patients who:- Have red flags of a serious nature- Fail to respond to conservative management, including worksite modifications- Have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and, especially, expectations is very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may aid in formulating a treatment plan. In this case the exam note from 6/11/14 does not demonstrate any evidence of failed cortisone injection or contraindication to warrant surgical intervention. Therefore the determination is for non-certification.