

<b>Case Number:</b>	CM15-0000076		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	04/30/2001
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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:

The injured worker is a 57 year old female, who sustained an industrial injury on 4/30/2001. She has reported prior bilateral carpal tunnel release. The diagnoses have included Quervain's syndrome. Treatment to date has included right carpal tunnel release 2/8/2002 and left carpal tunnel release 5/31/2002, physical therapy and medications. Currently, the IW complains of continued pain and restricted motion to the left wrist. She just completed 18 sessions of physical therapy and medications. On 12/19/2014 Utilization Review non-certified a DeQuervain's release with excision of a mass and pre-operative medical clearance, noting the ACOEM Chapter 11(Forearm, Wrist and Hand Complaints). The MTUS, ACOEM Guidelines. The request for 18 sessions of physical therapy or Chiropractic was modified to 6 sessions, citing the MTUS Guidelines for Manual Therapy or Manipulation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Left Dequervain's Release with Excision of Mass: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Surgery

General Information and Ground Rules, California Official Medical Fee Schedule, 1999 Edition, pages 92-93

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

**Decision rationale:** CA MTUS/ACOEM Guidelines, Forearm, Wrist and Hand Complaints, page 265, states that 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. Under unusual circumstances of persistent pain at the wrist and limitation of function, surgery may be an option for treating DeQuervain's tendinitis. In this case the cited records do not demonstrate evidence of severe symptoms or failed conservative management. Therefore the determination is for non-certification.

**1 Pre-Op Medical Clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are not medically necessary

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**18 Sessions of Physical Therapy or Chiropractic Manipulation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are not medically necessary.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.