

Case Number:	CM15-0002644		
Date Assigned:	01/13/2015	Date of Injury:	08/09/2013
Decision Date:	03/17/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/06/2015

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 59 year old male, who sustained an industrial injury on 8/9/13. He has reported a left wrist fracture and left leg injury. The diagnoses have included severe chronic de Quervain stenosis, scaphoid fracture of the wrist and tenosynovitis of wrist. Treatment to date has included diagnostic studies, electrodiagnostic studies, thumb splint, joint injections and oral medications. As of the progress note on 11/21/14, the injured worker reports pain to actively extend or abduct his left thumb away from other digits. The treating physician is requesting a surgical decompression of the first extensor tendon sheath. On 12/9/14 Utilization Review non-certified a request for a left wrist decompression first extensor tendon sheath. The UR physician cited the MTUS guidelines and the ACOEM guidelines. On 1/6/15, the injured worker submitted an application for IMR for review of left wrist decompression first extensor tendon sheath.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left wrist decompression first extensor tendon sheath: Upheld

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

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 exam note from 11/21/14 does not demonstrate evidence of severe symptoms or failed conservative management. Therefore the determination is for non-certification.