

<b>Case Number:</b>	CM15-0005064		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	06/03/2012
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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 43 year old male, who sustained an industrial injury on June 3, 2012. He has reported bilateral wrist pain. The diagnoses have included DeQuervains tenosynovitis, and left carpal tunnel. Treatment to date has included medications, left carpal tunnel release on September 30, 2014. Currently, the IW complains of continued left side upper extremity numbness and tingling that is decreasing, and improving range of motion. Recent physical findings are noted as pain with range of motion with left hand. Exam note 11/24/14 demonstrates patient is status post carpal tunnel release performed on 9/30/14. Exam demonstrates tenderness at the flexor tendon. Decreased grip strength is noted in the left wrist. Positive Finkelstein's test is noted. On January 6, 2015, Utilization Review non-certified post-operative chiropractic care, two times weekly for three weeks, and right DeQuervains release with possible tenosynovectomy/tenolysis; and Norco 5/325 mg, one by mouth every 12 hours as needed, quantity #60, based on MTUS, Chronic Pain Medical Treatment, and ACOEM guidelines. On January 9, 2015, the injured worker submitted an application for IMR for review of post-operative chiropractic care, two times weekly for three weeks, and right DeQuervains release with possible tenosynovectomy/tenolysis; and Norco 5/325 mg, one by mouth every 12 hours as needed, quantity #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op chiropractic care 2 times a week for 3 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & manipulation.

**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.

**Surgery request for Right DeQuervains release with possible Tenosynovectomy/Tenolysis: Upheld**

**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.

**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 11/24/14 does not demonstrate evidence of severe symptoms or failed conservative management. Therefore the determination is for non-certification.

**Norco 5/325mg 1 by mouth every 12 hours as needed, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on going management.

**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.