

Case Number:	CM15-0100619		
Date Assigned:	06/03/2015	Date of Injury:	09/01/2013
Decision Date:	07/08/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/26/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 29 year old female, who sustained an industrial injury on September 1, 2013. She reported pain in the wrist, forearm and elbow after being caught between a counter and a full medical cart secondary to a malfunctioning wheel. The injured worker was diagnosed as having chronic left shoulder impingement, left shoulder degenerative arthritis, partial left shoulder rotator cuff tear, chronic left shoulder pain status post left shoulder arthroscopic surgical intervention, referred pain to the left radial wrist and likely De Quervain's tenosynovitis. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the left shoulder, physical therapy, acupuncture, medications, functional restoration program and work restrictions. Currently, the injured worker complains of continued neck pain, chronic left shoulder pain, left wrist pain and left forearm pain. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on September 1, 2013, revealed a ganglion cyst on the volar surface of the radius with no evidence of cartilage tear. Magnetic resonance imaging revealed mild extensor tendinosis of the left elbow. Evaluation on June 26, 2014, revealed continued pain as noted. Physical therapy for the cervical spine, a left wrist brace and massage therapy for the cervical spine were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment (DME) left wrist brace for De Quervain's tenosynovitis:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), DeQuervain's tenosynovitis surgery.

Decision rationale: The claimant sustained a work injury in September 2013 and continues to be treated her left upper extremity pain. When seen, she had recently completed treatment in a functional restoration program. There was positive left Finkelstein's testing with radial sided wrist tenderness. There was consideration of a corticosteroid injection. Treatment for DeQuervain's tenosynovitis can include use of a splint combined with a corticosteroid injection. In this case, a corticosteroid injection was being considered when the splint was provided. The splint is medically necessary.