

Case Number:	CM15-0161629		
Date Assigned:	08/28/2015	Date of Injury:	01/28/2014
Decision Date:	10/09/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/18/2015

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, Hand Surgery, Sports Medicine

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 49-year-old female, who sustained an industrial injury on 1-28-2014. She reported repetitive use injuries to the right wrist and forearm. Diagnoses include right de Quervain's syndrome, epicondylitis, and right wrist ganglion cyst. Treatments to date include activity modification, wrist brace, occupational therapy, acupuncture treatments, and steroid injections. Currently, she complained of increased pain and swelling in the radial wrist. On 7-24-15, the physical examination documented tenderness and a positive Finkelstein's test. The plan of care included wrist surgery for right dorsal wrist ganglionectomy-synovectomy and release of the right first and second extensor compartments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right dorsal wrist Ganglionectomy/Synovectomy, release of the right first extensor compartment of de Quervain's and release of the right second extensor compartment:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271, 273, 270.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271. Decision based on Non-MTUS Citation Green's Operative Hand Surgery, 6th ed Chapter 62, Tendinopathy Chapter 65, Bone and Soft Tissue Tumors.

Decision rationale: This is a request for concurrent surgical release of the first and second dorsal wrist extensor tendon compartments and excision of a dorsal wrist ganglion and synovectomy. In this case, I recommend overturning the utilization review determination, which I think, has too rigidly tried to apply the California MTUS guidelines. Records reviewed indicate the injured worker has been followed by the treating/requesting surgeon since April 2014 and has undergone extensive symptomatic treatment with activity modification, splinting, supervised therapy, acupuncture, consultation with a physical medicine/rehabilitation pain specialist and multiple injections including 2 in the first dorsal wrist compartment and 1 in the area of the ganglion cyst with the injections all bringing about temporary improvement. The California MTUS guidelines are primarily directed towards primary care occupational physicians and include just one line regarding treatment of deQuervains/first dorsal wrist compartment tendinopathy, one line regarding wrist ganglia and no mention of second dorsal wrist compartment tendinopathy/intersection syndrome. First and second dorsal wrist compartment tendinopathy are both understood as forms of constrictive tendinopathy/tendon entrapment and treatment is the same; the second dorsal wrist compartment tendinopathy (AKA intersection syndrome) is less common than first dorsal wrist compartment tendinopathy (AKA deQuervains syndrome), which is why only deQuervains is mentioned in the California guidelines. Anatomically, the first and second compartments are immediately adjacent and treatment of one with either splinting of the wrist or injection adjacent to the tendons effectively treats both problems. Regarding aspiration of ganglia, that refers to ganglia, which can be seen and felt on examination. This injured worker has a clinically occult ganglion "that is, one which cannot be seen or felt, but rather was noted on MRI." The specialty text referenced mentions that nonsurgical treatment of ganglia such as aspiration and injection are usually considered because of the limited risks and possibility of success, but notes that studies have reported long-term benefits of aspiration in only 20-30% of individuals. In this case with a ganglion which cannot be localized on examination, aspiration cannot be performed, but the treating surgeon injected the area and this injection was also immediately adjacent to the first and second dorsal wrist compartments and effectively a third injection for the constrictive tendinopathy. Therefore, in my opinion the injured worker and treating physician have performed reasonable non-surgical treatment and the patient reports ongoing symptoms for which she would like to proceed with surgery. With several problems in the immediate area, which could all be addressed through the same surgical incision, concurrent treatment increases the chance of success without substantially increasing the risks. Treating just one of the problems would diminish the chance of success and increase the risk of need for further surgery. Therefore, the requested surgeries are determined to be medically necessary and appropriate.