

Case Number:	CM15-0168177		
Date Assigned:	09/08/2015	Date of Injury:	04/17/2014
Decision Date:	10/13/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/26/2015

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic 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 right handed male who sustained an injury on 4-17-14 resulting from performing his duties on the job developed bilateral wrist and thumb symptoms. Conservative treatment included splinting, work modifications; injection and physical therapy. His right wrist responded to conservative measures however, his left wrist did not. Surgery was performed on 9-10-14 -left wrist release of the first dorsal compartment. He continued to have some swelling and tendinitis pain involving both wrists. Diagnoses include history of De Quervain's tenosynovitis; right De Quervain's tenosynovitis; status post left wrist release of the first dorsal compartment. Treatment included acupuncture; anti-inflammatory and analgesic medications, which helped to improve his activities of daily living. Electrodiagnostic and nerve conduction studies were completed on 6-10-15. As noted on 6-16-15 he continues to have left wrist and thumb pain and popping; right hand numbness and pain and is unable to work due to these symptoms. The evaluation on 8-3-15 reports his pain has been worse after surgery compared to the pain before surgery. He had acupuncture and physical therapy and states that the physical therapy helped "a little bit". He wears a splint most of the time and takes occasional Ibuprofen, which he states "doesn't do much". He has not worked since December 2014. There is persistent pain of the radial side of the left wrist status post decompression of the first dorsal extensor compartment and it was noted to consider a tenolysis. Currently requested is Revision of the left first dorsal compartment release, tenolysis and neurolysis. UR 8-17-15 decision between 8-13-15 and 9-27-15 was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Revision of the left first dorsal compartment release, tenolysis and neurolysis: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271, 272.

Decision rationale: The patient is a 43 year old male with chronic left wrist pain and possible recurrent or incomplete surgical treatment of left DeQuervain's tenosynovitis. The patient has failed some conservative management of splinting, medical management and physical therapy. However, the documentation does not appear to show clear evidence that the patient had undergone steroid injection to the first dorsal compartment following his surgical release on 9/10/14. From page 271, ACOEM, Chapter 11, "The majority of patients with DeQuervain's syndrome will have resolution of symptoms with conservative treatment. Under unusual circumstances of persistent pain at the wrist and limitation of function, surgery may be an option for treating DeQuervain's tendinitis. Surgery, however, carries similar risks and complications as those already mentioned above (see A, 'Carpal Tunnel Syndrome'), including the possibility of damage to the radial nerve at the wrist because it is in the area of the incision." Further from page 272, Table 11-7, the following is recommended, "Initial injection into tendon sheath for clearly diagnosed cases of DeQuervain's syndrome, tenosynovitis, or trigger finger." Therefore, as a steroid injection following the previous 1st dorsal compartment release is not clearly documented (or its response), then a revision of the 1st dorsal compartment release is not medically necessary.