

Case Number:	CM15-0191580		
Date Assigned:	10/05/2015	Date of Injury:	08/01/2014
Decision Date:	11/12/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/29/2015

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 patient is a 31 year old female with signs and symptoms of probable DeQuervain's tenosynovitis that has failed conservative management of splinting, NSAIDs, activity modification and steroid injection. The patient's signs and symptoms have been well-documented including pain overlying the 1st dorsal compartment and a positive Finkelstein's maneuver. From ACOEM, Chapter 11, page 271, 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. Splinting is first-line treatment, followed by steroid injection. This has been well-documented for this patient. Therefore, left DeQuervain's release should be considered medically necessary. The UR stated that "Given that there is no objective verification of a condition that would improve both in the long and short term from surgery, surgery is not supported." Other statements included that there is no finding of tendon abnormalities in tendons of the EPB and APL. AME did not note Finkelsteins. Based on the medical documentation provided for this review, the concerns of the UR have been well satisfied. Multiple progress notes document findings of DeQuervain's with positive Finkelsteins. This has been affecting her function and has failed reasonable conservative management. Therefore is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left DeQuervain's release: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Surgery for de Quervain's tenosynovitis.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The patient is a 31 year old female with signs and symptoms of probable DeQuervain's tenosynovitis that has failed conservative management of splinting, NSAIDs, activity modification and steroid injection. The patient's signs and symptoms have been well-documented including pain overlying the 1st dorsal compartment and a positive Finkelstein's maneuver. From ACOEM, Chapter 11, page 271, 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. Splinting is first-line treatment, followed by steroid injection. This has been well-documented for this patient. Therefore, left DeQuervain's release should be considered medically necessary. The UR stated that "Given that there is no objective verification of a condition that would improve both in the long and short term from surgery, surgery is not supported." Other statements included that there is no finding of tendon abnormalities in tendons of the EPB and APL. AME did not note Finkelsteins. Based on the medical documentation provided for this review, the concerns of the UR have been well satisfied. Multiple progress notes document findings of DeQuervain's with positive Finkelsteins. This has been affecting her function and has failed reasonable conservative management.

Outpatient occupational therapy rehab 2 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

Decision rationale: As the procedure was considered medically necessary, postoperative physical therapy should be necessary based on the following: Radial styloid tenosynovitis (de Quervain's) (ICD9 727.04):Postsurgical treatment: 14 visits over 12 weeks*Postsurgical physical medicine treatment period: 6 months. From page 10, Initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section. Therefore, based on these guidelines, 12 visits would exceed the initial course of therapy guidelines and should not be considered medically necessary. Up to 7 visits would be consistent with these guidelines.

