

Case Number:	CM15-0194652		
Date Assigned:	10/08/2015	Date of Injury:	11/01/2008
Decision Date:	11/20/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/05/2015

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 63 year old female who sustained an industrial injury on 9-11-15. A review of the medical records indicates she is undergoing treatment for bilateral carpal tunnel syndrome, wrists tendinitis and bursitis, de Quervain's tenosynovitis, and trigger finger. Medical records (3-13-15 to 8-27-15) indicate ongoing complaints of right wrist pain with numbness and tingling in the 4th and 5th digit of the hand. She reports cramping, weakness, and loss of grip strength in the hand and wrist and "has dropped objects, as a result". She reports difficulty sleeping due to awakening with numbness, tingling, pain, and discomfort. She also has triggering of the 1st finger and "pain in 1st dorsal compartment". She reports that "due to her injury", she has pain with dressing, specifically difficulty with buttons, zippers, donning pants and socks, tying shoe laces, shampooing hair, forceful pushing or pulling, opening and closing jars or doors, pinching, making a fist, writing, driving, household chores, including cleaning, laundry, food preparation and cooking, as well as pushing a grocery cart. She is not currently (7-16-15) working. The physical exam (7-16-15) reveals full range of motion of bilateral elbows. No tenderness is noted over the lateral or medial epicondyles. The wrist extension is noted as "resisted" and "did not elicit tenderness over the lateral epicondyle". "Electronic inclinometers" were used for the formal range of motion studies. "No mechanical block was noted to range of motion". No tenderness is noted over the distal radius or the carpus. Finkelstein test is noted to be "normal". Tinel testing was negative, as were Phalen and reverse Phalen testing. Diagnostic studies have included x-rays of the right wrist, and MRI of the right wrist, and EMG-NCV study on 8-17-15. Treatment has included a right carpal tunnel release in January 2014 and Hypnotherapy. The utilization review (9-11-15) includes a request for authorization for de Quervain and stenosing tenosynovitis releases of the first finger. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

De Quervain and Stenosing Tensynovitis Releases of first finger: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

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

Decision rationale: This is a request for 2 surgeries; release of the extensor retinaculum over the first dorsal wrist compartment tendons and release of the origin of the thumb flexor tendon sheath. The patient reports symptoms in the neck, both upper extremities, low back and both lower extremities attributed to a 2008 accident; reported symptoms are not consistent with the specific diagnoses for which the surgeries are proposed. Further, the California MTUS notes that trigger fingers and de Quervain's are usually relieved by injections, which have not been, performed in this case (page 271). With standard non-surgical treatment, which is usually effective not having been performed, consideration of surgery is premature and the proposed surgeries are determined to be unnecessary.