

Case Number:	CM15-0032662		
Date Assigned:	02/26/2015	Date of Injury:	10/25/2012
Decision Date:	04/09/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/20/2015

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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 46 year old female sustained an industrial injury on 10/25/12. She subsequently reports ongoing left hand/ thumb pain. Diagnoses include bilateral carpal tunnel syndrome. The injured worker has undergone bilateral carpal tunnel surgeries and right trigger thumb release surgery. Treatments to date have included physical therapy, modified work duty, a wrist brace and pain medications. Exam note from 3/12/14 demonstrates improvement in right thumb complaints. On 2/17/15, Utilization Review non-certified requests for Left wrist DeQuervian release quantity 1 and Pre operative medical clearance quantity 1. The above denials were based on MTUS ACOEM and Non-MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left wrist DeQuervian release quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=48408> - Perioperative protocol, healthcare protocol.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: CA MTUS/ACOEM Guidelines, Forearm, Wrist and Hand Complaints, page 265, states that DeQuervain's tendinitis, if not severe, may be treated with a wrist-and-thumb splint and acetaminophen, then NSAIDs, if tolerated, for four weeks before a corticosteroid injection is considered. Under unusual circumstances of persistent pain at the wrist and limitation of function, surgery may be an option for treating DeQuervain's tendinitis. In this case, the exam note from 3/12/14 does not demonstrate evidence of severe symptoms or failed conservative management. Therefore, the determination is for non-certification.

Pre operative medical clearance quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=48408> - Perioperative protocol, health care protocol.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.