

<b>Case Number:</b>	CM15-0086337		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	10/23/2013
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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, Indiana, Oregon  
 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 45-year-old woman sustained an industrial injury on 10/23/2013. The mechanism of injury is not detailed. Evaluations include left wrist x-rays dated 5/28/2014, MR arthrogram dated 7/10/2014, and MRI of the wrist and hand dated 10/29/2014. Diagnoses include wrist arthralgia, wrist pain/strain, and ganglion cyst of the joint. Treatment has included oral medications, exos brace, physical therapy with electrical stimulation, and cortisone injection. Physician notes dated 1/28/2015 show complaints of left wrist pain with increased swelling and numbness of the left hand. Recommendations include ice and heat as needed, home exercise program, over the counter anti-inflammatory medications and analgesia, night time bracing, begin Voltaren, discontinue Ibuprofen, continue occupational therapy, and follow up in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Release of the Left Sixth Dorsal Compartment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

**Decision rationale:** CA MTUS/ACOEM Chapter 11 page 270 addresses surgical considerations for wrist complaints. Surgical intervention is recommended after failure of a trial of conservative care and presence of a lesion known to respond to surgical intervention. The note from 3/25/15 does not document what types of conservative care has been used for ECU tendinitis like splinting or injection. Based on this, the request is not medically necessary.

**Post-Operative DME: Splint for the Left Wrist:** Upheld

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

**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.

**Post-Operative Therapy (12 initial sessions, 3 times a week for 4 weeks):** Upheld

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

**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.